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ABSTRACT

This annotated bibliography is designed to meet the needs of health planners, including nurse planners, educators, administrators, researchers, and practitioners involved with community health nursing programs. Abstracts of references are grouped in four sections. Section one includes references to documents which describe organizational models directed toward assuring continuity of patient care. Section two provides reference materials on new health units such as long-term residential centers, childbirth centers, and hospices with home care services. In section three, information is provided on manpower including expanding roles and practices of nurse practitioners in a variety of community settings and home health networks. The final section gives information on acceptable standards and criteria for evaluating the appropriateness of community health nursing practice. (JD)

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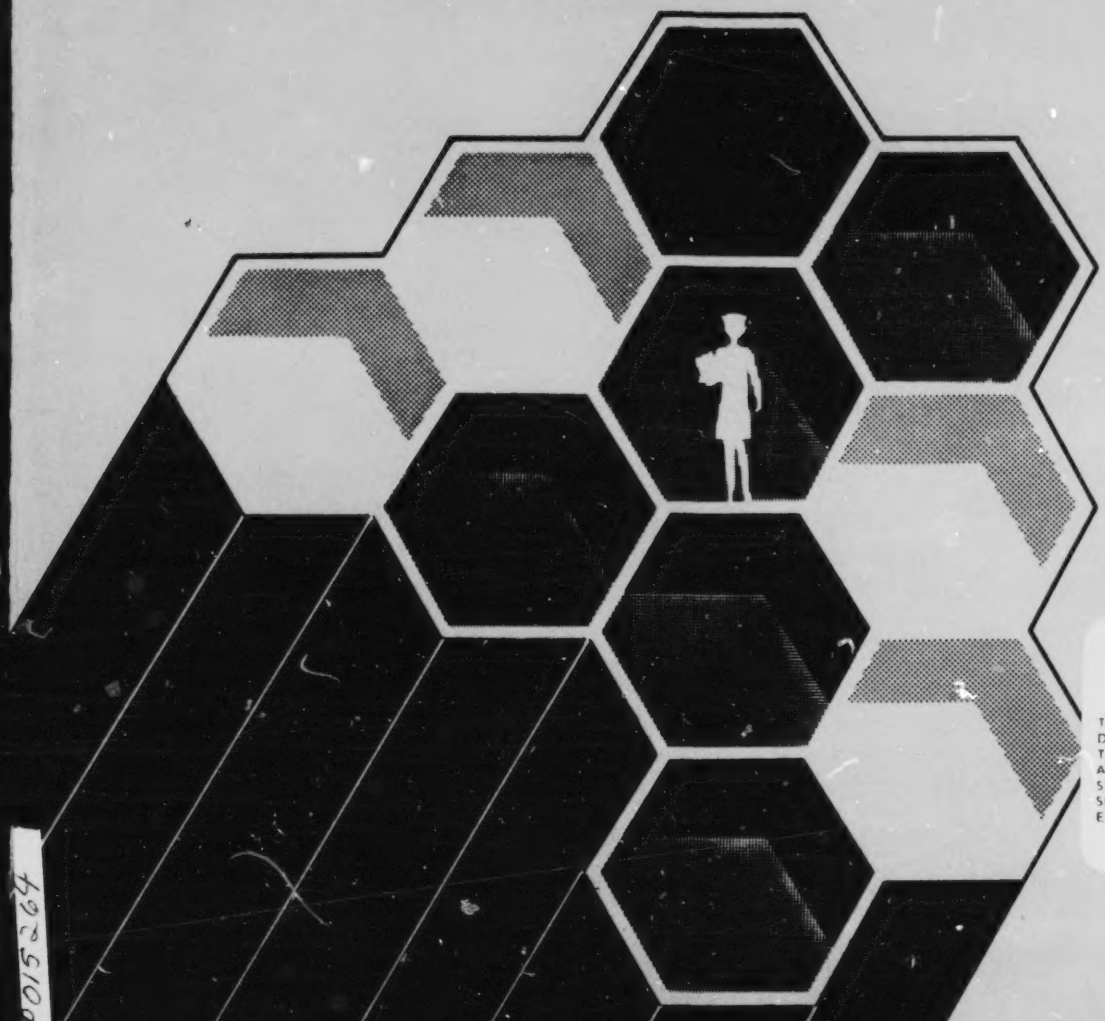
Community Health Nursing Models: A Selected Bibliography



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Community Health Nursing Models: A Selected Bibliography

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Hyattsville, Maryland 20782

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FOREWORD

This selected bibliography was compiled as an aid to the nursing community in establishing health care programs and services in community settings such as neighborhood health centers and homes. It will be useful to nurse planners, practitioners, and administrators, as well as other health professionals, involved with the growing demand for health care services outside of traditional institutions.

This publication is the eleventh volume in the Nurse Planning Information Series. The series is composed of several selected monographs and bibliographies relevant to health planning. Previously published volumes are listed on the inside front cover.

The nursing component of the National Health Planning Information Center provides health planners with a centralized comprehensive source of information on nurse manpower planning to facilitate an improved health care delivery system in the United States. The component acquires, screens, synthesizes, disseminates, and makes available specialized documentary material on nursing, as well as methodological information on a wide variety of topics relevant to health planning and resources development.

Elinor D. Stanford
Acting Director
Division of Nursing

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INTRODUCTION

During the past several years, the provision of primary care has shifted from the hospital to the community. The traditional health care once provided fully in institutionalized settings is being handled increasingly in neighborhood health centers, community health centers, other community settings, and in the home. Innovations in types of services have also occurred. As hospital costs continue to rise, more emphasis will be directed to community health services. To meet the community's needs, the traditional public health or community health nurse is playing an expanding role in providing these services. The community health nurse functions in a variety of roles ranging from primary care giver, to nurse intervener, to educator in health promotion and prevention.

This annotated bibliography is designed to meet the needs of health planners, including nurse planners, educators, administrators, researchers, and practitioners involved with community health nursing programs. It will be particularly helpful to individuals and agencies seeking information about models of community health nursing programs in various settings and in the preparation of persons for the practice of community health nursing.

This bibliography bring together relevant literature prepared by individuals and agencies concerned with community health nursing. Several computerized data bases were searched including the National Health Planning Information Center (NHPIC), Medical Literature Analysis and Retrieval System on-Line (MEDLINE), and Cataloging on-Line (CATLINE). A manual search was made of other reference sources.

Format of the Bibliography

Publications cited in the bibliography include books, journal articles, government and research reports, and bibliographies. References are categorized according to major subject content. However, the categories are not mutually exclusive and many references can be used for more than one purpose.

The references and their abstracts are grouped as follows:

I. Collaborative Program Arrangements between Community Health Nursing Agencies and Other Health Care Organizations

II. New Health Care Delivery Centers

III. Manpower Trends, Characteristics, and Expanded Roles

IV. Community Health Nursing Practice

Section I on Collaborative Program Arrangements between Community Health Nursing Agencies and Other Health Care Organizations includes references to documents which describe organizational models directed toward assuring continuity of patient care. Section II on New Health Care Delivery Centers provides reference materials on new health units such as long-term care residential centers, childbirth centers, and hospices with home care services. Section III on Manpower Trends, Characteristics, and Expanded Roles provides information on manpower including expanding roles and practices of nurse practitioners in a variety of community settings and home health networks. Section IV on Community Health Nursing Practice provides information on acceptable standards and criteria for evaluating the appropriateness of community health nursing practice.

Entries in each section are arranged alphabetically by author name (personal and/or corporate) or by title if there is no specific author. Following the author's name, each citation includes the title of the publication and the reference source or publisher.

Abstracts have been included when available. Those written by the National Health Planning Information Center are unsigned; for abstracts developed by the author or by information clearinghouses other than the Center, the source appears in parentheses at the end of the abstract.

An author index follows the bibliographic reference sections.

How to Obtain Documents

All citations to documents, whether published or unpublished, contain source availability information. For each reference, this information is noted in the citation after the document title.

The availability source for articles published in journals and other periodicals is the name of the journal noted after the statement "Pub. in . . ." Issue information (volume, number, etc.) and page numbers are included. To obtain copies of the journal articles cited, consult a local university librarian or contact the librarian in your Regional Medical Library, where many of the journals can be found.

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Additional copies of this bibliography may be purchased from:

National Technical Information Service
U.S. Department of Commerce
5285 Port Royal Road
Springfield, Virginia 22161

I. COLLABORATIVE PROGRAM ARRANGEMENTS BETWEEN COMMUNITY HEALTH NURSING AGENCIES AND OTHER HEALTH CARE ORGANIZATIONS

Ahmed M. B, Young Estelle L
Albert Einstein Coll. of Medicine, Bronx, N.Y. Sound View Throgs Neck Community Mental Health Center.
Process of Establishing a Collaborative Program between a Mental Health Center and a Public Health Nursing Division. A Case Study.
Pub. in American Jnl. of Public Health v64 n9 p880-885 Sep 74.

The planning and implementation of a collaborative program involving a mental health center and the nursing division of a public health department are described. Unit I of the St. Louis (Missouri) State Hospital Complex approached the nursing director and assistant nursing director of the county health department concerning the development of a collaborative program coinciding with the unit's opening of an outpatient mental health clinic at the county general hospital. As the program evolved, public nurses assumed two major duties: (1) they worked with patients to be discharged from both the crisis intervention unit or admission ward and the long term wards of Unit I, assessing family, home, and community settings while the patient was in the hospital; and (2) after a patient was discharged, the nurses performed aftercare services, including supportive care to the patient and his family, and communication with the hospital staff about the patient's adaptation to the home situation. The program's experience indicates that the effectiveness of enlisting the participation of public health nurses in a community psychiatry program rests heavily on the establishment of certain key elements: an intensive educational program for the nurses in fundamentals of psychiatric theory; frequent communication between nurses and psychiatric staff; and ongoing consultation to the nurses by the community psychiatry staff. A full-time psychiatric nurse coordinator is required to provide linkages between the two staffs. Problems encountered by the public nurses in communicating with the psychiatric staff, in securing medication for patients, in carrying out home visits, and in dealing with anxiety about crisis intervention are discussed.

Arrowood Wayne D
Greater St. Paul Community Health and Welfare Planning Council, Minn.
Toward A Combined Public Health Nursing Service in Ramsey County,
55p 1972 Available NTIS HRP-0000448/1

A study of existing agencies providing public health nursing services in Ramsey County, Minnesota, and a potential model for the operation of a comprehensive, combined public health nursing service are described in this report. The three primary areas of investigation include the determination of current operational levels provided by existing health nursing services, examination of duplication of services and the existence of service gaps, and the study of community perception of need for a comprehensive public health nursing service. The County Nursing Services Study Committee discovered that there were eight autonomous public nursing services. Examination of each operation indicated that there was increasing duplication of effort, lack of coordination, and illogical pattern of service, finance, and administration. (NTIS)

Auld M. G
Perfecting the System.
Pub. in Nursing Mirror and Midwives Jnl. v146 n14 p41-42 6 Apr 78.

Barnett Elizabeth M, Pozorski Mary C, Harris Lynda, Hendryson Irvin
New Mexico Regional Medical Program, Albuquerque.
Health Manpower Development.
136p 1972 Available NTIS HRP-0000953/0

Contents: Continuing education, physicians; Continuing education, nursing; Allied health personnel; Supervisory skills training program; Staff development for community hospitals and health agencies; Home health network; Emergency medical technician, ambulance; Emergency medical service technician. (NTIS)

Barron Eugene
Metropolitan Hospital Center, New York.
Hospital, Hotel, Agencies Coordinate Care for the Aged.
Pub. in Hospitals, Jnl. of the American Hospital Association v49 n1 p44-46 1 Jan 75.

The efforts of the Peninsula Hospital Center in Far Rockaway, New York, and a hotel for senior citizens to coordinate medical care for the hotel residents are described. Although

these residents are supposed to be served by private physicians, the hospital's emergency department and the clinic were being used as the major vehicle for medical treatment for the residents. The hospital staff believed that the hotel was making inappropriate referrals, and the hotel administrators believed that the hospital was insensitive to the needs of their residents. The social work department of the hospital attempted to resolve the problem by developing a liaison committee for the hotel and the hospital. It was disclosed that the residents were also dependent on several agencies. Representatives of the agencies were invited to become members of the committee. The possibility of resident participation was ruled out because of the difficulty in obtaining the cooperation of the hotel administration. Consequently, a social work student and a visiting nurse were assigned to the hotel and were able to communicate the needs of the residents to the committee. Meetings were held, and from these discussions, procedures were developed for the referral system and for the care of the residents. By establishing a liaison committee with the senior citizens' hotel and other interested agencies, the hospital was able to reduce the inappropriate use of its facilities and the senior citizens were assured of better medical care.

Coates M, England P. M, Staines B
What Happened at Humberside. A Review of Humberside AHA's Pilot Scheme of 1976.
Pub. in Nursing Times v73 n36 supplement p50-51 8 Sep 77.

Community Health Service, Rockville, Md. Div. of Health Care Services.
Conceptual Model of Organized Primary Care and Comprehensive Community Health Services.
19p 1970 Available NTIS HRP-0005074

Components of a model for the delivery of primary health care services are detailed. The conceptual model is based on features shared by all organized health care programs regardless of size. The model is primarily the result of an evaluation of the experiences of more than 70 organized primary health care programs supported by the Office of Economic Opportunity and the Health Services and Mental Health Administration. Characteristics of primary health care are identified as majority care, nonintensive care, low specialization care, entry point care, and continuity. The following components of a primary health care program are described: (1) primary care team (primary medical care, nursing care, and health outreach and social advocacy); (2) primary care team backup services (dental care, medical specialty consultation, mental health, minor surgery and

surgical consultation, nutrition, obstetrics and gynecology, family planning, physiotherapy, podiatry, and refraction); (3) program support services (administration, accounts and reimbursement, staff training, medical records, utilization and service review, laboratory, X-ray, pharmacy, dental laboratory, and optician); and (4) services to the community (community organization and citizen participation, control measures for communicable diseases, environmental improvement activities, health education, and health-related legal services).

Council of Home Health Agencies and Community Health Services.
Proposed Model for Home Health Care Benefits.
1976 Pub. by National League for Nursing, 10 Columbus Circle, New York, NY 10019.

Disney G
Background to the Western Metropolitan Health Region.
Pub. in Australian Nurses' Jnl. v6 n4 p11-12 Oct 76.

Forrester Ralph H
Bexar County Hospital, District, San Antonio, Tex.
Improved Delivery of Health Care to the Medically Indigent in Bexar County. A Demonstration.
93p May 73 Available NTIS PB-234 595/7

A project (1970-1973) designed to improve the delivery of health care to the economically deprived population of the Bexar County Hospital District included the renovation and conversion of the hospital emergency room into a walk-in clinic and the establishment of a medical followup program consisting of a new clinic designed to aid patients with chronic medical disease through the use of physician expanders and a satellite clinic designed to provide chronic medical disease followup care utilizing public health nurses as the expander. (NTIS)

Hirsch Leon V, Klein Martin S, Marlowe Gertrude Woodruff, Wilson Dorothy
Community Nursing Services, Philadelphia, Pa.
Combining Public Health Nursing Agencies. A Case Study in Philadelphia.
265p 1967 Available from National League for Nursing, Inc., Ten Columbus Circle, New York, N.Y. 10019.

A study on the Community Nursing Services (CNS) in Philadelphia, Pennsylvania was conducted by the National League for Nursing. Steps leading to the combination of public health nursing agencies in Philadelphia are outlined,

and organizational factors in the implementation of combined nursing services are discussed. Consideration is given to personnel management before the merger, combining regional offices and providing combined caseload service, combination and personnel management, combination and financial management, continuing efforts toward unity, and statistical measures of combination. Administrative patterns of combination are reviewed in regard to public health nursing services. Either a voluntary or city agency may by agreement take over the entire operating responsibility for providing all home nursing services. Another pattern is for a city and a voluntary group each to maintain a broad range of policy responsibility over a combined agency operating under a single nursing administrator. The combination of public health nursing services in Philadelphia is evaluated. It is felt that, with continuing emphasis on public health nursing as a general approach for treating families as units rather than on a more limited and specialized basis, there will be a growing trend toward combination. Appendices provide additional information on CNS coordination, with emphasis on economic aspects of coordination.

Kauffman Margaret C, Cunningham Anne
Community Nursing Services of Philadelphia, Pa.
Epidemiologic Analysis of Outcomes in Maternal and Infant Health in Evaluating Effectiveness of Three Patient Care Teams.
Pub. in American Jnl. of Public Health v60 n9 p1712-1725 Sep 70.

A two-phase study was conducted to evaluate the effect of prenatal care and the manner in which it is provided for maternal and infant health. In the first phase of the study, 400 ward patients who delivered at the Temple University Hospital in Philadelphia, Pa., from 1967 through 1968 were examined. Some had received prenatal care in the outpatient department. Population samples were compared in terms of race, occupation of the head of the household, maternal age, and parity. Records were reviewed for 237 patients who were divided into two groups: 176 who received adequate prenatal care, and 61 who received inadequate prenatal care. A third group of 225 patients received no prenatal care prior to delivery. An analysis of data from the first phase of the study showed that there was a significant relationship between the absence of prenatal care and prematurity, fetal and infant mortality, eclampsia, and maternal anemia. Parity, occupation of the responsible adult, and age of mother were not significantly related to abnormal maternal and infant health states. More mothers who received either adequate or inadequate prenatal care gave birth to normal babies than mothers who received no prenatal care. In phase two, evaluation of maternal and infant outcomes for patients

receiving prenatal care from the hospital's outpatient department, a neighborhood center, and a family health center will provide information on whether the care offered by neighborhood health centers, when compared to traditional patterns of care, results in improved health for maternity patients and infants.

Liota Marilyn
Role of the Visiting Nurse.
Pub. in Gerontologist v14 n4 p291-292 Aug 74.

The experiences of the Visiting Nurse Service of New York are described, especially as they pertain to patients 65 or older residing in the community. The staff consists of public health nurses, professional nurses, practical nurses, home health aides, social workers, physical and speech therapists, and consultants. The long-term care functions of the service include the administration, supervision, and teaching of prescribed medications and rehabilitative treatments and techniques. Another service of the organization is the use of nurses involved with other institutions in a liaison capacity. The nurse is assigned to an institution on a part-time basis and usually takes part in admission and discharge planning as well as the coordination of continuing patient care. The liaison nurses work with hospitals and community clinics, senior citizens groups, and home care departments and geriatric units. The methods and personnel used by the Visiting Nurse Service are discussed through the use of specific examples. It is concluded that public health nurses have always functioned more independently than nurses in institutional settings and are being prepared for even broader roles in caring for the needs of the elderly persons residing in their homes and wishing to stay out of nursing homes. References are provided.

National League for Nursing, Inc., New York. Council of Home Health Agencies and Community Health Services.
Proposed Model for the Delivery of Home Health Services.
8p 1974 Available from the National League for Nursing, 10 Columbus Circle, New York, 10019, $.50.

A model for increasing the availability of the scope of home health services to all segments of the population is proposed by the National League for Nursing Council of Home Health Agencies and Community Health Services. This organizational model, which is designed to maximize manpower utilization, provide quality assurance, and promote cost containment, is intended for use by community groups, health planning bodies, the insurance industry, and those developing legislative approaches to home health services. Two classifications of home health programs are proposed based on the size of the

population served, geography covered, services offered directly or by contract, administrative structure, and number and kind of staff employed. Both types of programs would offer essential services directly provided by the agency and / or by contract; and desirable but not essential services, some of which may be developed as volunteer services. Qualifications for the two types of programs are outlined.

Natwin Kathleen
Carney Hospital, Boston, Mass.
Nursing Supervision in the Neighborhood Health Center.
Pub. in Supervisor Nurse v7 n1 p23,27,28,31-33,35 Jan 76.

The role of the neighborhood health center and the problems and responsibilities facing nurses and their supervisors in this setting are discussed in a paper which emphasizes the model of a health center dealing with a limited population base and defined services. The article uses examples drawn from the experiences of the Carney Hospital in Boston, Mass., which serves as a 'back-up' hospital for four neighborhood health centers. The duties of the health center nurse include activities related to the clinical session itself (e.g., obtaining patient history, referral), housekeeping and stocking responsibilities, education, nursing visits, and administrative activity. The supervisor must set definite goals for the nurse, identifying areas that should be mastered within certain time frames. A major source of discouragement for the health center nurse is the 'loneliness syndrome,' which occurs when nurses have too little interaction with other nurses. Approaches to allaying this syndrome (e.g., regularly scheduled conferences between the supervisor or consultant and the nurse and having the nurse work at a hospital for several hours a week) are examined. Staff education can be accomplished only if both the supervisor and the nurse consider it important. Three program types (designated staff education time, designated physician-nurse departmental programs, and community health nurse meetings) which have evolved during Carney Hospital's experience are outlined. Also discussed are health center licensure in Massachusetts, the responsibilities of nursing supervisors under the two types of licensure, the services provided by health care centers, the staffing time schedule for the health centers described, and the selection of the right type of nurse for the neighborhood health center setting.

Nauen Richard, Weitzner Martin, Muller Jonas N
New York Medical Coll., N.Y. Dept. of Preventive Medicine.
Method for Planning for Care of Long-Term Patients.
Pub. in American Jnl. of Public Health v58 n11 p2111-2120 Nov 68.

The policies, procedures, and methods developed by a 1,600-bed chronic disease facility in New York City, to evaluate the placement needs of long-term patients in municipal hospitals are described. The Center for Chronic Disease, through its Department of Community Medicine, operates a field program in three acute hospitals serving East Harlem, Central Harlem, and South Bronx. The needs of long-term patients in the hospitals are evaluated, plans for their future care are developed, and patients who require the services of the chronic disease facility are admitted. A public health nurse visits each general hospital once or twice a week to obtain medical information and to determine the functional status and nursing care needs of patients who appear to require extended care. A social service case aide interviews the patient and his family to determine his social needs and resources. A multidisciplinary team at the center reviews the information, determines the patient's total needs for care, and recommends admission to the center or an alternate plan. On admission to the center, the patient is again evaluated, and periodic reviews are made to determine whether the patient's needs have changed. A similar system returns suitable patients to the community with plans to meet their health and social needs. Data are presented on the 1,037 patients reviewed by the program during 1966 - 1967. Of these, 418 were admitted to the center. The preadmission evaluation program has been successful in reducing the time spent by patients in the general hospitals at an inappropriate level of care.

Noelker Linda S
Benjamin Rose Inst., Cleveland, Ohio. Applied Gerontology Research Center.
Interdependent Home Health Care Project.
65p Jun 75 Available from Benjamin Rose Inst., 636 Rose Bldg., Cleveland, OH 44115.

The Home Aide Extension Program, an innovative service program initiated by the Benjamin Rose Institute in Cleveland, Ohio, for the elderly, is described. The program provides interdependent home care to the elderly and involves the cooperative efforts of the Visiting Nurse Association, the Chronic Illness Center, and the Home Aide Department of the institute. The availability of home care services to elderly citizens of the community is examined. The development and structure of the Home Aide Extension Program are reviewed. An interdependent home health care project was

initiated to obtain preliminary data on the characteristics of the elderly, required home care services, and case outcomes after 1 year of program operation. The initial high volume of referrals to the program, and the continuing increase in the number of clients referred, demonstrated the need for such a program in the community. The program combined health, personal care, and homemaker or home maintenance services for elderly persons who were ineligible for home aide care from other organizations because of financial and/or eligibility criteria. Comprehensive care was provided for the independent living of functionally impaired and socially disadvantaged elderly persons who were referred to the program. Research data supplied descriptive information on client characteristics, needed services, and case outcomes and identified areas for further study. Appendixes contain a home aide job description, home aide weekly report sheets, a referral form, and information on program clients. A list of references is provided.

Reid Kathryn J, Sakati Nadia, Prichard Lorraine L, Schneiderman Lawrence J, Dixson Barbara
California Univ., San Diego, La Jolla. School of Medicine.
Genetic Counseling: An Evaluation of Public Health Genetic Clinics.
Pub. in Western Jnl. of Medicine v124 p6-13 Jan 76.

A program for delivering genetic counseling services through seven public health centers in San Diego County, California is assessed. The report reflects the early results of an effort, begun in 1970 and continuing at the time of writing (January 1976), to extend genetic services beyond the usual confines of a major medical center, to ascertain the response of families to these services, and to learn the potential of health professionals other than physicians for helping to deliver genetic services. Clinics were held at each center twice a week. Public health nurses, who were the major case-finders for the genetic clinics, received 20 to 24 hours of instruction in genetics. The referring public health nurse participated in the genetic counseling session with the attending staff at each clinic visit and took part in a genetics seminar at the end of each clinic day. Assessment of the program was based in part on the answers to questionnaires completed by 144 of the 232 patients or family units referred for genetic diagnosis and counseling during the first 18 months of the program. Of all referrals to the clinic, 75 percent were made directly through the nursing staff at the health centers. The findings show that, with minimal training, health professionals without previous experience in genetics can readily learn to identify patients or families who might have a genetic disorder. The referral mechanism for genetic counseling could, therefore, be broadened without disturbing the primary physician-patient

relationship. The results also show that regionalization of genetic clinics and use of public health nurses to identify genetic problems increase the effectiveness of consumer exposure to genetic counseling and assure optimal opportunity for proper followup and reinforcement of counseling advice. However, the findings indicate that if effective genetic counseling includes correct interpretation of counseling and use of the data in family planning, the project remains considerably short of its goal. Long term followup and reinforcement of genetic counseling appear to be important elements in such a program. Supporting data are included.

Southeast Arkansas Economic Development District, Inc., Pine Bluff. Comprehensive Health Planning Program.
Southeast Arkansas Hypertension Plan.
240p 15 Mar 74 Available NTIS HRP-0004406

A seven-county regional hypertension program, organized, coordinated, and implemented by a regional public health nurse specialist, is described for the Southeast Arkansas Areawide Health Planning Council area. The nurse would be involved in coordinating screening efforts of physicians, dentists, pharmacists, schools, and industries in the area and in organizing periodic screening programs in county health departments, especially in counties where there is a need for more screening than can be handled by community sources. The nurse would be responsible for organizing and coordinating the referral process and would be involved in organizing a data card system to facilitate follow-up as well as actually carrying out referral and treatment follow-ups and training volunteers in taking blood pressure readings. A regional implementation budget is presented; total cost for equipment and personnel is approximately $14,308. Individual county components of the hypertension plan are described in detail, including maps showing screening centers; training and equipment requirements; referral, referral follow-up, and treatment plans; population statistics; and copies of responses to surveys of local physicians, dentists, schools, industries, etc., indicating support of the program. Portions of this document are not fully legible.

Staben J
The Home-Coming.
Pub. in Australian Nurses' Jnl. v7 n4 p8, 10, Oct 77.

Syracuse Univ., N.Y. School of Social Work.
Considerations in Planning Health Services for the Elderly. A Technical Assistance Monograph.
39p Oct 71 Available NTIS HRP-0014589

Several basic issues and program suggestions relating to health care for the elderly are examined in a monograph covering the structural concerns of programming, the provision of services, program areas and funding strategy, and the specific recommendations for the improvement of health services for the elderly. Comprehensive planning is discussed in terms of the Public Health Service Act and Community Action Agencies. Health surveys provide the data for planning services, and the methods of gathering data depend on the socioeconomic profile of the community, the level of health services, and politics. The maintenance of personal independence is a critical issue in health planning with older people whether it be for home health care, local health clinics, or nursing home care. The provision of services in an appealing form may involve the participation of older people or a publicity campaign to decrease fears of the health services. The distribution and training of manpower is emphasized because the elderly are so vulnerable to the dehumanizing effects of staff shortages. Federal funding is made possible by grants provided under the Public Health Service and Regional Medical Program acts. States have different programs and structures, and State funds may be available to help provide for physical health needs, environmental health needs, or mental health needs. Hospital construction and modernization and manpower training may make use of State money. Recommendations and discussions of funding sources are provided as a unit, and a bibliography is included.

Visiting Nurse Association of Cleveland, Ohio.
Coordinated Health Services for the Aged. Experiences of the Visiting Nurse Association of Cleveland.
33p 1976 Available from National League for Nursing, Inc., Ten Columbus Circle, New York, N.Y. 10019.

The role of the Cleveland (Ohio) Visiting Nurse Association (VNA) in provision of coordinated and comprehensive services to older persons is described. Each VNA member participates in a multidisciplinary coordinated service team based in a lead agency in the central city. The effort is part of Cleveland's areawide model project on aging, the aim of which is to pool a variety of services provided to elderly persons by several different agencies into a single 'one-stop' comprehensive system. Several nurses participating in the project took part in a workshop directed toward clarification of the nurse's role in a coordinated service setting and toward improving the abilities of nurses working in separate

settings and representing different backgrounds and expertise to work together as a team. From the workshop discussions, position statements were developed regarding the nursing role, nursing process, the nurse as a primary health care giver, and gerontological nursing. Goals and plans conducive to improving team work were formulated. Essential elements for coordinated services to elderly persons were identified, including: (1) a commitment to centralized decisionmaking; (2) free flow of communication through a centralized information system; and (3) centralized intake to provide the client the opportunity for admission into the total service system. Each of these elements is discussed, and plans for workshops to address other related issues (clarification of interdisciplinary role expectations, definition of the nurse's role in relation to team leading, elements of a client crisis, expansion of coordinated service projects to other sites) are noted. A schematic framework of service projects for the elderly in Cleveland and a list of selected readings are provided.

Willard Harold N, Kasl Stanislav V
Continuing Care in a Community Hospital.
192p 1972 Available from Harvard University Press, 79 Garden St., Cambridge, MA 02138.

The approach taken by one community hospital to assuring continuity of care for chronicaly ill, handicapped, and elderly patients is documented. A department of continuing care was established in 1957 at Thayer Hospital, a 150-bed nonprofit facility serving a semirural Maine community of approximately 150,000 residents. The team - staffed continuing care department conducts a case-finding program within the hospital and operates a special ward for patients of any age whose conditions might respond to a program of intensive continuing care lasting for approximately 6 weeks after stabilization of the initial acute episode. The hospital also has taken the lead in establishing visiting nurse and homemaker services in the community and has been instrumental in developing a retired person's social club, an outpatient transportation program, and a loan fund for providing supplies to discharged hospital patients. The discussion of the department's history, services, and staff functions is followed by a description of the process used to evaluate the physical, psychological, and social variables contributing to the needs of the chronically ill, handicapped, or elderly patients. Ways in which the physician can use the evaluation method in developing appropriate programs of continuing care for individual patients are discussed. Implications of Thayer Hospital's experience for medical care planning, teaching, and research are considered. An empirical study of the Thayer program on homebound and nursing home patients is appended.

Williams Carolyn A, Tuthill Robert W, Long Gene V, Johansson Mabel S
North Carolina Univ. at Chapel Hill.
Evaluation of a School Health Program Directed to Children with a History of High Absence. A Focus for Nursing Intervention.
Pub. in American Jnl. of Public Health and the Nations Health v65 n4 p388-393 Apr 75.

A pilot program is documented in which public health nurses in Palm Beach County, Florida sought to provide special intervention for elementary school children with records of frequent absence. During the project, all 12 participating schools continued to receive the usual public nursing services: nurse participation in staffing (i.e., an interdisciplinary team approach to assessment of and planning for children with complex problems); routine vision and hearing screening and followup; teacher / nurse conferences; and referral by school personnel for home visits. In addition, the high absence pupils in the six intervention schools received focused attention from the nurse assigned to that school for the course of the 1970-1971 academic year. Intervention activities included identification of possible explanations for absences, determination of the child's health status, and provision of assistance to the child's family in coping with any problems that might result in absences. Within general guidelines, individual nurses exercised their professional judgment regarding specific activities. These activities included examinations of all available school and health records of the child, home visits, and conferences with the classroom teacher. Comparisons of absence rates before and after intervention with rates for controls in schools with no intervention programs show that the absence decline experienced by the intervention group differed significantly from that experienced by the controls. However, despite clear differences in absence rates and in nursing services provided to the two groups, associations between nursing service and the change in absence can only be viewed as suggestive due to methodological problems. The study is said to point up the need: (1) to develop systematic and reliable approaches to assessing children and their families and (2) to document nursing actions.

II. NEW HEALTH CARE DELIVERY CENTERS

American Hospital Association
JCAH Standards for Hospital-Based Home Care Programs; Questions and Answers About Interpretation.
1974 Available from American Hospital Association, 804 N. Lake Shore Dr., Chicago, IL 60611.

Bates, F
Nursing in a Health Maintenance Organization.
Pub. in American Jnl. of Public Health v62 p991-993 Jul 72.

Carnevali D. L, Little D. E
Primary Nursing Clinic Demonstration Project: Use of Nursing Services.
Pub. in Communicating Nursing Research v7 p259-281 Jan 76.

Gow M. A
Domiciliary Paediatric Care in Southampton.
Pub. in Queens Nursing Jnl. v19 n7 p192, 205, Oct 76.

Hadley R. D
Nurses Develop QA Program in Community Health Setting.
Pub. in American Nurse v10 n3 p3, 9, 15 Mar 78.

Hauf B. J
An Evaluative Study of a Nursing Center for Community Health Nursing Student Experiences.
Pub. in Jnl. of Nursing Education v16 n8 p7-11 Oct 77.

The findings from the evaluation study indicated that nursing students were able to accomplish the community health nursing course objectives through a non-traditional approach. The study also demonstrated that a school of nursing can successfully initiate and carry out health care (the service program was also evaluated) and that students, challenged and integrated into such efforts, can become extremely useful as a resource to the community while contributing to their own learning and professional development. The Nursing Services Center approach (nursing clinic that also offers home care)

has been able to address some of the preventive health needs of a population while simultaneously providing students with educational experience in the nursing field. (Modified Author Abstract)

Health Centres (editorial).
Pub. in New Zealand Medical Jnl. v85 n584 p233-234 23 Mar 77.

Johnson R
Critique of 'Primary Nursing Clinic Demonstration Project: Use of Nursing Services.'
Pub. in Communicating Nursing Research v7 p288-292 Jan 76.

Kane Robert
Utah Univ. Medical Center, Salt Lake City. Dept. of Family and Community Medicine.
Impact Evaluation of the SOS Community Health Center. I. Analysis of Community Survey Data,
89p 12 May 72 Available NTIS HRP-0000344/2

The report is concerned with the SOS Community Health Center in the Seeley Lake area of Montana. The first section contains an analysis of community survey data taken approximately one year after the project's creation. To measure the impact of the community health nurse project at the SOS center, a sample of 89 households was surveyed. It was found that forty percent of the households used the center, and 85 percent of the respondents were women. Ninety-five percent of the respondents expressed satisfaction with the available health care system, and both users and nonusers endorsed the need for a community health center. Tables show the number of physician and dentist visits over a one-year period for users and nonusers of the center. Portions of this document are not fully legible. (NTIS)

Kitsap County Comprehensive Health Planning Council, Bremerton, Wash.
Primary Care Development Guide. Volume II: Public Health Clinics and Services.
52p Oct 75 Available NTIS HRP-0011209

The second volume of the primary care development guide for Kitsap County, Washington is concerned with the county's public health clinics and their services. The guide includes working definitions of primary care and public health, and delineates the functions of public health care. Information is presented on population growth in Kitsap County, availability of physicians, public health services, monitoring the utilization of public health clinics, and

projections of public health needs. Included in the findings are descriptions of well-child / early and periodic screening clinics, a family planning clinic, a general nursing clinic, a mobile health van, and a public health nursing and visiting nurse program serving the county's residents. Guidelines are presented for accessibility of public health services, public health education, and family planning. Recommendations and related implementation strategies are offered in regard to accessibility, education, information monitoring, well-child services, family planning, and venereal disease. Supporting documentation and excerpts from relevant articles are appended.

Morlok M. A
Community Resources for the Elderly. Day Therapy Centre: The Role of the Primary Care Nurse.
Pub. in Canadian Nurse v73 n4 p50-51 Apr 77.

Moscovice I
A Method for Analyzing Resource Use in Ambulatory Care Settings.
Pub. in Medical Care v15 n12 p1024-1044 Dec 77.

The major objective of this research is to develop a methodological framework to help analyze the use of resources in ambulatory care environments. Emphasis is placed on understanding reasons for variation in treatment patterns. Important methodological considerations include: 1) the selection of medical problems appropriate for evaluating the interaction effects of the variables being considered; 2) the development of problem-specific computerized routines for defining episodes of care based on patient visit information; and 3) the selection of appropriate measures of utilization. The analysis indicates that for common primary care problems, the level of provider training as well as accessiblity of services significantly influence patterns of care. (Modified Author Abstract)

O'Connor M
The Generalist Community Nursing Programmme in the Western Metropolitan Health Region.
Pub. in Australian Nurses' Jnl. v6 n4 p12-14 Oct 76.

Smith E
An Extended Role for the Nurse--Involvement with the Community. The Role of the Appliance Centre at the Royal Children's Hospital and in the Community.
Pub. in Australian Nurses' Jnl. v5 n8 p33-34 Feb 76.

Wicks R. J, et al.
Use of the Human Services Model in a Private Outpatient Clinic.
Pub. in Jnl. of Psychiatric Nursing and Mental Health Services v16 n1 p34-37 Jan 78.

Yarwood B
Multidisciplinary Health Care Centres
Pub. in New Zealand Nursing Jnl. v70 n10 p7-8 Oct 77.

III. MANPOWER TRENDS, CHARACTERISTICS AND EXPANDED ROLES

American Nurses' Association, Kansas City, Mo.
Clinical Conference Papers.
97p 1973 Available from American Nurses' Association, 2420 Pershing Road, Kansas City, Mo. 64108.

A compilation of papers on clinical nursing practice prepared for the 1973 conference of the American Nurses' Association is presented. The papers are organized into the following categories: (1) community health nursing practice, which covers family health care, a model of nurse - physician interaction, women's rights in an era of changing lifestyles, problems in minority group nursing and minority consumers of health care, appropriateness of nurses regrouping around ethnic and racial concerns, and relationship patterns in the delivery of health care; (2) maternal - child health nursing practice, which discusses the asthmatic child's concept of the respiratory system and asthma, the role of pediatric nurse practitioners in day care, the role of school nurse practitioners, coordination of nursing education in a community perinatal center, development of maternity services for young women using the maternity nurse practitioner, problem pregnancy counseling, cultural and generational implications of maternal tenderness, coping behaviors during labor, and the younger versus the older adolescent black mother in the nurturing - mothering role; (3) medical - surgical nursing practice, which covers directions for the nurse practitioner; (4) psychiatric - mental health nursing practice; and (5) geriatric nursing practice, which covers reliance on nurses to improve nursing homes, issues concerning aged blacks, influence of financing and reimbursement processes on the practice of geriatric nursing, and role of nursing home activities coordinator.

American Nurses' Association, Kansas City, Mo. Statistics Dept.
Facts About Nursing 72-73.
272p 1974 Available from American Nurses' Association, 2420 Pershing Rd., Kansas City, Mo. 64108.

Information on trends in nurse distribution and characteristics is provided. A portion of the data was derived from periodic surveys of registered nurse manpower

conducted by the American Nurses' Association and is presented in tabular form. The volume provides information on distribution of registered nurses, including ratio of nurse manpower to the population, numbers of institutional and public health nurses, nurse faculty members, and nurses in government service. Also included is information on licensure for practice and for membership in nursing associations. Nursing education is analyzed in terms of numbers of students and schools of nursing, financial assistance, and related topics. A section on the economic status of registered nurses provides data on employment standards and conditions in hospitals, on hours, and on salaries. The distribution of allied nursing personnel is presented with tables on practical nursing education, hours and earnings of these personnel, licensure, and membership in the National Practical Nursing Association. A section on related information covers facilities and utilization, other health personnel, expenditures for health care, and vital statistics. A section on the functions and purposes of nursing organizations is also included.

Andrus Len Hughes, Fenley Mary D
California Univ., Davis. Dept. of Family Practice.
Evolution of a Family Nurse Practitioner Program to Improve Primary Care Distribution.
Pub. in Jnl. of Medical Education v51 n4 p317-324 April 76.

The family nurse practitioner program of the University of California was designed to improve the availability of medical services in underserved areas. The program was initiated in 1970 to design and implement an experimental training program that would enable nurses to extend their roles in primary care and would also recruit students who planned to practice in underserved, particularly rural, areas. Six public health nurses comprised the first class, and stated that they were interested in rural practice upon completion of the program. After 12 months of the course, however, all 6 nurses elected to serve their internships in urban areas and remained in urban areas after graduation from the program. For another group of nurses who completed the program, it was found that most worked in urban settings. In an attempt to provide incentives for students to practice in underserved areas, it was determined that financial incentives had limited success. A study of local manpower resources in areas of need was conducted, and a new program was devised to permit the selection of nurses who lived in rural towns and train them in a manner that would not disrupt their living location. Ten rural nurses were selected for the program and physicians served as preceptors. It was found that all rural 1974 graduates of the program continued to practice in their original areas and that they were still in rural areas almost 2 years later. Because of the

traveling distance involved for rural nurses who took part in the program, satellite arrangements consisting of a decentralized lecture and seminar curriculum were established.

Aradine Carolyn R
Yale Univ., New Haven, Conn. Graduate Program in Pediatric Nursing.
Experiences of a Clinical Nurse Specialist. Development of a Family Health Service.
Pub. in Jnl. of Nursing Administration v4 n1 p45-51 Jan-Feb 74.

The experiences of a clinical nurse specialist in the development of the Family Health Service (FHS) at the University of Wisconsin are recounted, and ways in which the experiences shaped the specialist's role are discussed. Sponsored by the university hospital and the schools of medicine, nursing, and social work, the FHS provides primary health care to 700 families and also interdisciplinary education for students in medicine, nursing, and social work. The service is a medical group practice of an internist, a pediatrician, and an obstetrician - gynecologist. Nurses work as colleagues with the physicians. The clinical nurse specialist was employed by the hospital and the school of nursing to provide leadership in the development of programs of nursing services and education at the FHS. These programs were created through collaboration with colleagues in medicine, nursing, and social work. In the course of 7 years, the FHS grew from a pediatric service to a complete family health resource, and the number of personnel increased from 5 to 30. Factors in the development of nurses' roles, inservice education programs, an organization for the delivery of nursing services, and a nursing education program at the FHS are discussed. The clinical specialist's leadership role is considered. A chronology of events in FHS development from 1966 through 1973 is provided.

Archer S. E
Community Nurse Practitioners: Another Assessment.
Pub. in Nursing Outlook v24 n8 p499-503 Aug 76.

Archer S. E
Selected Issues Confronting Community Health Nursing.
Pub. in Australian Nurses' Jnl. v5 n10 p15-17 Apr 76.

Archer S. E
Selected Issues Confronting Community Health Nursing. Part II.
Pub. in Australian Nurses' Jnl. v5 n11 p14-17 May 76.

Archer Sarah Ellen, Fleshman Ruth
California Univ., San Francisco. School of Nursing.
Community Health Nursing: Patterns and Practice.
450p 1975 Available from Duxbury Press, 6 Boundlook Ct., N. Scituate, Mass. 02060, $12.50.

Patterns and practices in community health nursing are revieved. Community nurses operate in a wide variety of settings and roles, including free clincs, health maintenance organizations, health planning agencies, neighborhood health centers, and private practice. Community nurses follow clients during hospitalization and after discharge, and they bring their special perspective into hospitals as liaison nurses or discharge planners. Family planning services and abortion counseling have drawn maternity nursing into the community environment, while senior citizen centers provide the setting for the geriatric nursing specialty. Ambulatory clinics often use specialists in cardiopulmonary nursing to help clients adapt hospital procedures to the home care situation. Psychiatric nurses have moved out of mental hospitals into the burgeoning community mental health field. The book on community health nursing, designed for students and graduate nurses in the field, is organized as follows: (1) conceptual frame of reference for community nursing (introduction to community nursing, selected concepts for community nurses, and application of a theoretical framework to nursing practice); (2) tools for community nursing (research, epidemiology, health education, health insurance, politics and economics, and case studies); (3) community nurses at work (nurse practitioners, racially oppressed communities, community mental health, nursing services in the home, role of the community nurse in school systems, and community health nurses in administration and in health planning for communities); and (4) problems in community health nursing and certification, licensure, and accreditation requirements.

Ashton K
Community Nursing in Scotland...the Facts...and the Reality.
Pub. in Nursing Times v73 n4 p118-119 27 Jan 77.

Atkins P
Respiratory Nursing: A Commmunity Approach.
Pub. in Canadian Nurse v74 n1 p28-30 Jan 78.

Baker W. J, Corcoran R. M
Activities of the Generalist Community Nurse
Pub. in Lamp, New South Wales Nurses' Association v33 n4 p7, 9, Apr 76.

Banting A. M
The Role of the Colleges for Advanced Technical Education in Public Health Nursing Education (with references to courses and work among Indians).
Pub. in SA Nursing Jnl. v44 n3 p22-24 Mar 77.

Barnes P. A
Nursing Among the Tibetans--6,000 Ft. in Hills.
Pub. in Australasian Nurses' Jnl. v5 n8 p8-10 Mar 77.

Benson E. R
Care for the Elderly in Yugoslavia.
Pub. in International Nursing Review v23 n2 p55-56 Mar-Apr 76.

Blake B. A, Druck A, Harsanyi B, Hutchinson S, Russell P
A Method of Integrating Family Nursing in an Undergraduate Curriculum.
Pub. in Jnl. of Nursing Education v15 n6 p22-25 Nov 76.

The authors describe integrating theoretical content of family nursing into an undergraduate curriculum based on the biopsychosocial spheres. Using audiovisual materials, and printed media, the student is introduced to independent learning and applies content to clinical settings in the community. (Modified Author Abstract)

Bohm S. M
Towards 2002: A Community Perspective.
Pub. in Australian Nurses' Jnl. v7 n5 p30-33 Nov 77.

Bowers John Z, Purcell Elizabeth
Josiah Macy Foundation, New York.
National Health Services: Their Impact on Medical Education and Their Role in Prevention.
178p 1973 Available from Josiah Macy, Jr. Foundation, 1 Rockefeller Plaza, New York, N.Y. 10020.

The proceedings of the 1972 International Macy Conference on National Health Services are presented. The conference dealt specifically with the impact of national health service programs on medical education and on illness prevention. The purpose of the conference was twofold: to assemble a body of information on national health services, and to provide an opportunity for individuals from the United States who hold responsible posts in medical care or medical education to become better informed on national health services. The countries whose national health services are described and discussed include Great Britain, France, Spain, Denmark,

Sweden, Norway, Yugoslavia, Israel, India, The People's Republic of China, Japan, and New Zealand. Several papers deal with health care in the United States. These papers include discussions of the implementation of nationwide health programs, national health insurance and medical education, national health insurance and graduate medical education, curricular changes in medical education, and the future role of physicians' assistants and nurse practitioners. The history of public health in national health services in Great Britain is reviewed. Questions raised in several of the presentations are addressed in a final commentary. The papers describe systems which range from emphasis on secondary care with a hospital base, as in Sweden, to emphasis on primary care and the general practitioner, as in Denmark. Still other countries stand at a middle point. The discussions demonstrate that national health services do have a profound effect on medical education, influencing both the number of physicians graduated and their career orientation. An index and a list of conference participants are provided.

Brown Esther Lucile
National League for Nursing, Inc., New York.
Nursing Reconsidered. A Study of Change. Part 2: The Professional Role in Community Nursing.
301p 1971 Available from J.B. Lippincott Co., 521 Fifth Ave., New York, NY 10017.

Changes in the field of community nursing are considered. The growth of community health facilities is reviewed, as well as the evolving role of nurses within these facilities and innovative techniques employed to prepare nurses to assume delegated medical and social work functions in addition to public health nursing functions. Changes in hospital outpatient departments and nursing care within these departments are noted. Home care programs, sponsored by hospitals, are viewed as a means of relating the institution to community agencies and patient homes. Specific examples of hospital-based home care programs are cited. The significance of nurses in the provision of psychiatric care is explored. Projects involving nurses in the delivery of mental health care are described. Attention is given to the extension of ambulatory maternal and child care services. The acceptance of expanded nursing roles by physicians and patients is examined. Health service delivery programs for the poor are described. The organization and operation of neighborhood comprehensive health centers and group medical practices are detailed. The role for professional nurses in these settings is explored. Proposals are made for programmatic action in the field of community nursing.

Bruhn J. G
The Role of the Public Health Nurse in a Changing System of Nursing Practice.
1973 In Stewart R, McGill C, Eds.: Maximizing the Nursing Role in Public Health (mimeo).
University of Texas School of Nursing, San Antonio, TX.

Burgess M
Community Health Nursing at Wellington Polytechnic: Points and Progress.
Pub. in New Zealand Nursing Jnl. v70 n10 p9-11 Oct 77.

Burrett B. A
The Nurse and Community Care in East Bhutan.
Pub. in Nursing Mirror and Midwives Jnl. v145 n22 p22-23 1 Dec 77.

Butler Allan M, Abrams Irving, Boessler M, Cutler Katherine
Chicago Board of Education, Ill. Bureau of Medical and School Health Services.
Pediatric Nurse-Practitioners and Screening Physical Examinations.
Pub. in Clinical Pediatrics v8 n11 p624-628 Nov 69.

The use of eight registered nurses from Cook County Hospital to perform physical examinations in the Chicago Head Start screening program is described, and their performance is evaluated. After completing a 13-day training program, the nurses began work in two Head Start clinics where they appraised children's growth and development, talked to parents, and notified attending physicians when abnormalities were found. By the end of the 7-week screening program, the nurses were able to complete their examinations (which excluded history-taking and visual and hearing tests) in 10 to 15 minutes. Excerpts from screening program physicians' comments on the performance of the nurses are presented. Approximately 69 percent of the comments were in a favorable vein. Some physicians expressed concern that the nurses were not providing the best possible examinations, given that pediatricians, hospital residents, and fourth-year medical students perform better examinations than nurses with 2 weeks of training. The relevance of such concerns in the context of an urban screening program is questioned. A random sampling of mothers of children screened by the nurses indicates a generally favorable response. The backgrounds of the screening nurses are not described, nor are details of the training program provided. After completing the training, the nurses were referred to as pediatric nurse practitioners and nurse - pediatricians. No supporting data or details of the evaluative efforts are included.

Carr A. J
District Nurse Training in the 1980s.
Pub. in Nursing Mirror and Midwives Jnl. v145 n18 p45-47 3 Nov 77.

Chambers Larry W, Bruce-Lockhart Patricia, Black Douglas P, Sampson Elizabeth, Burke Margaret
Memorial Univ. of Newfoundland, St. Johns.
Controlled Trial of the Impact of the Family Practice Nurse on Volume, Quality, and Cost of Rural Health Services.
Pub. in Medical Care v15 n12 p971-981 Dec 77.

The effect of an expanded role, family practice nurse on two rural Newfoundland communities was evaluated through a comparative study (on a before and after basis) using as a control that portion of the population served by the hospital which also served the experimental communities. The control communities in this study consisted of 18 communities in a geographically isolated area served by the hospital and public health nurses who visited the communities regularly. Following the establishment of the family practice nurse community clinic, primary care visits within the communities increased by 186 percent and hospital outpatient visits decreased by 35 percent. There was little change in the primary care visits of hospital outpatient visits for the control group during this period. Acute care days in the hospital decreased 5 percent for the experimental group, while they increased 39 percent for the control group. A major portion of the community based visits provided by the family practice nurse were classed as preventive. The total annual health service cost per 1,000 persons in the experimental group increased slightly more than in the control group. The cost of a service by the family practice nurse at the community clinic was estimated to be about one-third higher than a service by a physician at the hospital outpatient clinic. With the shift in primary care services from the hospital to the community, cost savings can be assumed to have been realized by the patient. The acceptance of the family practice nurse by health professionals and patients was very good, and there was no measurable change in the quality of care provided. Several tables are included.

Cobb A. K
Developing a Community Health Major on the Graduate Level.
Pub. in Image; Sigma Theta Tau National Honor Society of Nursing v9 n2 p38-41 Jun 77.

Colliere Marie F
International School for Post-Basic Nursing Education, Lyon (France).
Thoughts on a New Approach to Public Health Nursing.
Pub. in International Nursing Review v22 n3 p80-86 1975.

The progressive development within Western culture of health concepts is traced; this development is shown to affect approaches to public health nursing. The first developmental stage discussed is the physical, disease-oriented concept which appeared as a result of bacteriological research. A second stage of health concept development is reviewed as regards the World Health Organization's 1948 definition: 'Health is not merely the absence of disease, but a state of complete physical, mental, and social well-being.' Finally, the advances in the social sciences are shown to provide for a third concept of health which considers health and life together as parts of a dynamic, ecological continuum generating data relevant to program development. A sensitivity to the environmental and psychosocial context of the individual in combination with formal knowledge of nursing practice is recommended for the public health nurse. References accompany the text.

Colorado Dept. of Public Health, Denver. Public Health Nursing Section.
Elementary Rehabilitation Nursing Care. A Manual for Nurses and Ancillary Workers in Nursing Homes, Hospitals, Convalescent Facilities, and Public Health Agencies.
105p Apr 66 Available NTIS HRP-0014093

A comprehensive program of physical rehabilitation for the elderly and for patients afflicted with physical disabilities is outlined in a manual for nursing personnel. Developed by the Public Health Nursing Section of the Colorado State Department of Public Health, the manual is part of a project designed to improve quality of care in nursing homes. The opening discussion of the basic philosophy and principles of rehabilitation nursing covers principles of rehabilitation for nursing homes, the nursing home team, rehabilitation nursing, and the relationship of activities and rehabilitation nursing areas. Principles and techniques are then discussed and illustrated for rehabilitation nursing procedures in the areas of body alignment, introduction to exercises, normal body motions, passive range of motion exercises, transfer activities, ambulation activities, activities of daily living, skin care, personal hygiene, bowel and bladder training, and speech and hearing problems. The application of rehabilitation nursing principles and procedures in the care of patients suffering from hemiplegia -- the paralysis resulting from stroke -- is described. Lists of references and of resource materials for nursing

home staff are appended.

Combs P. A
A Study of Effectiveness of Nursing Referrals.
Pub. in Public Health Reports v91 n2 p122-126 Mar-Apr 76.

Community - New Focus for Nursing.
Pub. in WHO Chronicle v29 n3 p91-96 1975.

Based on a 1974 World Health Organization report, a review of the international health care situation is presented with emphasis on shortages of community health nurses, particularly in rural areas. In view of the deficiencies identified, several proposals for change are offered relative to health concepts, nursing education, and nursing services. New roles for nurses implied in the community approach to basic health care are discussed, as are implications of community health nursing for nursing education. It is observed that evaluation should be an integral part of any community health nursing program; the population coverage index is cited as one of the best measures of the need for and effectiveness of basic health services. It is recommended that nursing services be initiated and developed that are responsive to the needs of the community, that encompass primary health coverage for all the population, and that provide assurance of the safety and appropriateness of the services rendered. It is further recommended that community health be made the central objective of basic and continuing nursing education, and that all health manpower be developed within the context of overall national development plans with provision for rationale distribution and utilization of personnel to provide community health coverage and essential support systems in light of existing and projected needs. Other recommendations relate to the need for recognition of health care as a component of social policy, and to international action aimed at promotion of community health nursing.

Community Experience for Student Nurses.
Pub. in Nursing Mirror and Midwives Jnl. v145 n19 p8-9 10 Nov 77.

Dancer M
Developments in District Nursing.
Pub. in Nursing Times v73 n18 p667-668 5 May 77.

Davidson Gestur, Dahl Tor, Olson Diane
Minnesota Systems Research, Inc., Minneapolis.
Macro-Statistical Model of the Health Sector for the State of Minnesota. Volume I: Introduction and Summary.
59p Feb 73 Available NTIS HRP-0004508

The development of a health care delivery model which could be used to generate information about manpower resources necessary to put alternative health care delivery systems into effect is described. Following research of the literature on health care models, this statistical model was developed which consists of two blocks of equations, or modules -- a health services block and a health manpower block. The health services block in turn contains individual components which model the determinants of the demand and supply of specific health care services. Eight health components are recognized in this model including inpatient services of short-term general hospitals; services of licensed nursing homes; services of licensed boarding care homes; services of outpatient departments on nonfederal hospitals; services of home health care programs; and primary, secondary, and hospital-based physicians. The health manpower block includes five categories; registered nurses, licensed practical nurses, nurse anesthetists, nurse aides / orderlies, and surgical technicians. Model inputs, outputs, and results are presented, as are statewide summaries of policy simulations. The report contains recommendations for further research and a copy of the contract under which the model was developed. A graphic presentation of the module is provided, and a map shows Minnesota planning areas.

Davies M. J
A 6 Year Survey of Community Care Courses for Basic Nursing Students.
Pub. in Jnl. of Advanced Nursing v2 n6 p597-608 Nov 77.

Davis Elizabeth
Visiting Nurse Association of Burlington, Inc., Vt.
Funding Rural Nurse Practitioner Care.
Pub. in Nursing Outlook v25 n10 p628-629 Oct 77.

The Visiting Nurse Association of Burlington, Vt., established a health care program for Grand Isle County, a group of islands that has about 3,750 residents, many of whom are farmers. An initial survey showed that 77 percent of the preschoolers had no source of regular preventive health care. A mobile unit utilizing a pediatric nurse practitioner to provide pediatric screening services was operated 3 months a year as an initial attempt to reach this population. Volunteers were used to help run the clinic and to publicize

the service. Two years later, after a survey of resident interest in the service and of types of needs, an adult screening unit program, and care for episodic illness for adults as well as children, were made available in a stationary unit. The staff was expanded to include a paramedic, volunteer receptionists, and the pediatric nurse practitioner, who with additional education, provides the adult services. Consumers are responsible for setting the policy for the center. Physician backup service is provided through telephone consultations and periodic on-site visits, and there are established linkages with specialty services and the medical center serving the area. Individual patient and family records are organized in the problem-oriented format in order to facilitate planning, implementing, and evaluating systems of health care as well as individual patient care. The service operated on grants and patient fees for the first two years. However, Blue Shield has now agreed to reimburse the center for the nurse practitioner services received by their policy holders under a pilot project proposal, and the State Medicaid system may soon provide a similar reimbursement program.

Decker Francis, Wilson Alberta P
Minnesota Dept. of Health, Minneapolis. Section of Nursing.
Increasing the Availability of Public Health Nurses in Rural Settings in Minnesota.
154p Jul 70 Available NTIS PB-192 662

The shortage of prepared public health nurses is particularly acute in rural areas and Minnesota is largely rural in economic and political structure. As is true with other professional groups, the movement of the general population toward urban centers has had an adverse effect upon the availability of public health nurses in the rural areas of Minnesota. The rising number of vacant public health nursing positions in out-state areas, hindering the expansion of community services, indicated that special efforts were needed to attract more nurses into public health. Since the public health nurse staffing problem in Minnesota was most acute in the rural areas, it was decided to focus efforts in that direction. Hence, a project was developed with the purpose of improving, both quantitatively and qualitatively, the staffing of rural public health nursing agencies in Minnesota. (Author)

Delaware Comprehensive Health Planning Council, Dover.
A Report of Priorities and Programs for Health Care Delivery.
33p May 73 Available NTIS HRP-0000497/8

The basic tenet employed in the study report relates to a system for the delivery of optimum health care through convenient portals of entry, and at the lowest practical cost, to every citizen of Delaware. Throughout the State, adequate primary health care services which are accessible to all citizens is considered of high priority. It is proposed that the roles of the various health professions, such as dental auxiliary, and clinical pharmacist be extended. Comprehensive state service centers, satellite service centers, and public health centers, all state administered, would provide primary care services to all regions of the state. The services provided by the primary care units include enrollment, health testing, and referral, health maintenance, nurse clinics for rehabilitation and disabling problems, and acute sick care with referrals to hospitals and other in-patient institutions. (NTIS)

District Nurses Must Not Be Left Behind.
Pub. in Nursing Mirror and Midwives Jnl. v146 n6 p41-42 9 Feb 78.

Dobmeyer Thomas W, Lockwood Laurie A, Lowin Aaron
Washington State Dept. of Social and Health Services, Olympia.
Survey of Nurse Associate Training Programs.
Pub. in Public Health Reports v91 n2 p127-132 Mar-Apr 76.

A comprehensive survey of nurse associate training programs in operation or being planned in the United States and its territories as of February 1973 is documented. Graduates of the programs surveyed include pediatric nurse practitioners, nurse midwives, family nurse practitioner-associates, medical nurse practitioners, adult nurse associates, school nurse practitioners, primary care nurses, certified nurse practitioners, family health practitioners, ophthalmic assistant-technicians, health nurse clinicians, and nurse specialists. The programs surveyed were required to meet two criteria: inclusion of formal training designed to expand the clinical skills of professional nurses; and inclusion of separate curriculums for each type of nurse associate. The survey questionnaire was mailed to 127 programs, and the data analysis was based on the responses of 60 operating and 9 planned programs. The operating program included 35 for pediatric nurse practitioners, 4 for nurse midwives, and 21 for other types of nurse associates. The survey data indicate that the typical program lasts 4 to 6 months, began instruction in 1971, and is sponsored solely by a university or a 4-year college. The most frequently mentioned sources

of financial support are the sponsoring institutions, the National Institutes of Health, or both. The typical program receives about 24 applications a year and can accommodate 16 new students annually. Twelve students graduate from the typical program each year at a cost of about $3,536 per graduate. Most of the trainees are white women who have either a diploma or a bachelor's degree in nursing. Most are likely to have a substantial amount of nursing experience and are likely to have a guarantee of employment on graduation. Nurse associates are expected to exercise significant independent judgment in their work, and are likely to work with primary care physicians in a wide range of settings, including rural and remote areas. They are likely to perform a variety of tasks, including: giving physical examinations; ordering tests and medications (under standing orders); instructing, counseling, and monitoring patients; and managing disease. Supporting tabular data are included. A copy of the survey instrument is not provided.

Donnelly G
Group Survival.
Pub. in Nursing Times v74 n6 p252-253 9 Feb 78.

Edwards Linda, Kelly Eunice
DuPage County Health Dept., Wheaton, Ill.
Three-level School Health Program.
Pub. in Nursing Outlook v25 n6 p388-391 Jun 77.

A three-level contractual system for providing school health services has been developed by the health department in DuPage County, Illinois. In 1972, a consultant in school health was employed to develop an effective school health program, improve the quality of school health services, increase the job satisfaction of nurses working in schools, and serve as a resource to health department nurses and school nurses employed by districts in the county. When some schools began to view the consultant as a replacement for the school nurse, the decision was made to review school health services and reorder priorities. As a result of sorting out priorities and delineating areas of responsibility, the health department was able to design a program of school health services in three levels. Each level reflects a different degree of focus and commitment, as well as the shared responsibility of the school and the health department in promoting child health. At the third and basic level, nursing services are limited to consultation; the school assumes the responsibility for providing most health services. The second level reflects more involvement of the public health agency, with fewer services provided by the school or school district. The most comprehensive program, level one, combines school and health department resources

and reflects the greatest involvement of the health department. The advantages of the three-level school health program are discussed.

Ellis M. A
The Graduate Nurse. In the Community.
Pub. in Nursing Mirror and Midwives Jnl. v144 n6 p53-55 10 Feb 77.

Evans Frances Carter
San Francisco Univ., Calif. School of Nursing.
Role of the Nurse in Community Mental Health.
234p 1968 Available from MacMillan Co., 866 Third Ave., New York, N.Y. 10022.

The role of the nurse in the prevention of mental disorder, the promotion of mental health, and the care of mental patients and their families are examined. The elements of community mental health are discussed in a historical context, and the emergence of the psychiatric nurse practitioner in community mental health is described. A description of the supportive role of the nurse in the community mental health movement is followed by a specific illustration -- the social psychiatric nurse in Holland. The therapeutic potential of the mental health patient is discussed in terms of nurse-patient and patient-patient interactions. The capacity of patients to help other patients is pointed out. Three concepts of mental health prevention are discussed: primary, secondary, and tertiary; the areas in which nurse practitioners may be most effective are addressed. Emphasis is on the presence of the nurse and her concern for the mental welfare of her patients. The coordinating and liaison role of the nurse in a community mental health center is considered, particularly when it involves concepts of providing continuity of care and quality care to individuals and families with mental disorders or incipient mental disorders. The role of the nurse as a consultant in community mental health programs is addressed in the context of the developmental life cycle model for the community mental health center. Several aspects of the status of women and psychiatric nurses are considered. Contrasts are drawn between the practice of psychiatric nursing in the United States and other countries, particularly Great Britain.

Ferguson Maxine
Montana State Dept. of Health and Environmental Sciences, Helena. Bureau of Nursing.
Primary Care Practitioner: An Analysis of Records of Nurse - Patient Interactions and Nursing Care Needs. Part 1: September 1, 1970 - June 30, 1971.
60p 1971 Available NTIS HRP-0015934

The role of primary care practitioners in a remote and medically isolated community in the State of Montana is explored. Forty-three families, totaling 120 individuals, were selected as being representative of persons served by the health center in the community. The age range of 20 to 64 years represented the largest percentage of patients at the health center. Data were obtained on program categories at the center (admissions and revisits), source of referral for nursing service, medical care at the time of admission to nursing service, date of admission and / or discharge, disposition of cases, frequency of nurse - patient contacts, needs assessed, and nursing service given. These data were interpreted in order to identify typical sequences or occurrences in the operation of the health center. It was determined that health counseling and direct nursing care were the most frequent services rendered to patients. Health center patients received an average of 7.5 percent nursing services, provided in 4.6 contacts. The family health caretaker roles of women was evidenced by the high frequency of females obtaining services during the first month of the center's operation. Children were seen at the center in greatest frequency during its second and third months of operation. It is concluded that independent nurse practitioners can function as effective providers of primary care in a medically isolated community. Extensive supporting data are tabulated. The implications for nursing education, a list of references, and a sample listing of assessed needs are provided.

Ferrari H. E
The Outpost Nurse: Role and Activities in Northern Canada. 1976 In Shephard R. J, Itoh S, Eds.: Circumpolar Health, p600-605. University of Toronto Press, 33 East Tupper St., Buffalo, NY 14208.

Fine P. R, et al.
The Operation of a Hospital Based Specialty Home Health Team: Activities and Associated Costs.
Pub. in ARN Jnl; Official Jnl. of the Association of Rehabilitation Nurses v3 n1 p5-11 Jan-Feb 78.

Fisher J
Attachment of Community Nurses to General Practice (letter).
Pub. in British Medical Jnl. v2 n6093 p1030 15 Oct 77.

Fitzpatrick M. Louise
The National Organization for Public Health Nursing, 1912-1952: Development of a Practice Field.
226p 1975 Available from National League for Nursing, 10 Columbus Circle, New York, NY 10019.

Fonseca J. D
The Community Health Nurse: A Profile (editorial).
Pub. in Nursing Outlook v25 n10 p627 Oct 77.

Fowles D. M, Macdonald-Walker E. M
Haemodialysis Nursing in the Community.
Pub. in Queens Nursing Jnl. v19 n7 p189, 191 Oct 76.

Frost D
The District Nurse.
Pub. in Nursing Times v72 n21 supplement v, vii-viii, 27 May 76.

Gavett J. William
Rochester Univ., N. Y. Dept. of Preventive Medicine and Community Health.
Aggregate Measures of Home Health Care in Monroe County, 1973.
50p 1974 Available NTIS HRP-0004066

The structuring of utilization data to describe the aggregate dimensions of a community health service is described in detail. The first section of the report deals with some elementary models of health services utilization; the second section deals specifically with aggregate home health care utilization data in Monroe County (Rochester), New York, for 1973 to demonstrate problems and methodology. In the case of home health care, important aggregates include the proportion of total expenditures for health care in the county spent for home health care; the aggregate per capita admission rate to home health care in the County as compared to admission rates to other segments of the health system; and the total number of full-time nurse days expended in this industry in a given year. In this particular study, only the nursing service aspect of home health care is considered, and only two major providers are involved; the County Health Department Community Nursing Service and the Visiting Nurse Service. Models of simple relationships which universally describe utilization dimensions of a health care organization are

first analyzed and then applied to home health care services of Monroe County. Data utilized included a computer printout listing each patient and case serviced in 1973, including census tract, admission data, date of birth, and number of visits, for the Visiting Nurse Service and a computerized visit count and a manual count of all morbidity cases discharged for the County Health Department. From these data and expenditure breakdowns, several categories of statistics are derived. Limitations of the data are discussed, and supporting tabular data are included. Portions of this document are not fully legible.

George V. M
1952: Twenty-five Years On.
Pub. in Queens Nursing Jnl. v19 n15 p424-428 Jun 77.

Gilliland J
The New Health Act and Its Effects on Community Health Care.
Pub. in SA Nursing Jnl. v44 n10 p10-12 Oct 77.

Graydon J, Hendry J
Outpost Nursing in Northern Newfoundland.
Pub. in Canadian Nurse v73 n8 p34-37 Aug 77.

Grimes J
Matching Clinical Experiences to Program Goals.
Pub. in Nursing Outlook v25 n6 p399-401 Jun 77.

Grout Ruth E, Watkins Julia D
Minnesota Univ., Minneapolis.
Nurse and Health Education.
Pub. in International Nursing Revive v18 n3 p248-257 1971.

The nurse's role in health education in the home, the clinic, the hospital, and the community is discussed. The evolution of health education as a learning process is traced. Health education is said to have become a dynamic process in which the learner actively engages in activities directed toward desirable behavior change. Factors involved in planning for learning experiences with individuals or groups are discussed as they apply to nurses in a variety of practice settings. It is observed that the emotional climate within which the learning process occurs is a crucial factor in any teaching-learning situation. The nurse is advised to examine her own attitudes toward the learner, as well as the feelings of the learner and the health factors that have brought the nurse and patient into a teaching-learning relationship. Ways in which nursing intervention can contribute to the

learning process are pointed out. These include: working with individuals toward behavior change; involvement with the health education of groups, ranging from informal instruction of families to more highly structured teaching of health classes, with behavior change as a goal; and working within communitywide health education programs at the policy, administrative, supervisory, or teaching levels. Approaches to evaluating the effectiveness of health education efforts by nurses are suggested. One approach involves assessment of the learning experience itself in terms of its foundation in sound principles of education. A second approach focuses on evidence that the teaching-learning experiences are bringing about desired changes in health behavior.

Hagger J
The Early Years of District Nursing.
Pub. in Australasian Nurses' Jnl. v5 n4 p45-48 Nov 76.

Hardy P. N
An Extended Role for the Nurse--Involvement with the Community. The Appliance Centre Sister in the Community.
Pub. in Australian Nurses' Jnl. v5 n8 p34-35 Feb 76.

Harris E, Jones R. V
District Nurses: How Many in AD2000.
Pub. in Nursing Mirror and Midwives Jnl. v145 n6 p35-36 11 Aug 77.

Hays B. J, Mockelstrom N. R
Consumer Survey: An Approach to Teaching Consumer Participation in Community Health.
Pub. in Jnl. of Nursing Education v16 n8 p30-34 Oct 77.

This consumer survey was conducted by senior baccalaureate students in a family and community nursing course as a result of student recognition of the need for direct consumer input in identification of community health needs. The format was developed, pretested and revised by faculty. The door-to-door survey was carried out by pairs of students during clinical time over a six-week period. Through a written summary of the experience and class discussion student benefits were as follows: 1) increased awareness of the community as a dynamic reality; 2) heightened awareness of their caseload families' relationships to the community; 3) appreciation for consumer representation in health planning; and 4) some knowledge of the strengths and weaknesses in the use of surveying as a method for consumer involvement. (Modified Author Abstract)

Hazzard Mary E, Kergin Dorothy J, Eds.
A Systems Approach to Nursing. Community Nursing in Canada.
Pub. in Nursing Clinics of North America v6 n3 p383-569 1971.

Heagarty M. C, Grossi M. T, O'Brien M
Pediatric Nurse Associates in a Large Official Health Agency: Their Education, Training, Productivity, and Cost.
Pub. in American Jnl. of Public Health v67 n9 p855-858 Sep 77.

During 1974, 29 pediatric nurse associates and 15 pediatric nurse associate trainees worked in the child health care system of the New York City Department of Health. All of these nurse associates, formerly public health nurses from the Department of Health, were trained in a one-year, intensive, didactic and clinical course. Within the child health units, the nurse associates assumed clnical roles in the care of well and sick preschool children. In addition, they continued to function in the traditional role of public health nurse for their own patients, rendering counseling, referral, and follow- up services as indicated. Physicians acted as consultants to the pediatric nurse associates. Productivity and cost comparisons are made between pediatric nurse associate- physician staff. (Modified Author Abstract)

Heit P
Educating the Nurse-Community Health Educator to Educate.
Pub. in Jnl. of Nursing Education v17 n1 p21-23 Jan 78.

Helvie Carl O
Self-Assessment of Current Knowledge in Community Health Nursing: 1093 Multiple Choice Questions and Referenced Answers.
149p 1975 Medical Examination Publishing Company, Flushing, NY.

Henderson Virginia
Yale Univ., New Haven, Conn. School of Nursing.
Nature of Nursing: A Definition and Its Implications for Practice, Research, and Education.
89p 1966 Available from Macmillan Co., Inc., 866 Third Avenue, New York, N.Y. 10022.

The formulation of a statement on the function of nursing is examined, and the implications of the nursing function for practice, research, and education are discussed. In 1962, a definition was published by the American Nurses' Association for nursing practice. According to the association, the practice of professional nursing means the performance of care and the maintenance of health or prevention of illness.

The practice of practical nursing means the performance of selected acts in the care of ill or injured persons under the direction of a registered professional nurse or a licensed physician or dentist. Efforts made by individuals, small groups, and organized nursing to formulate a statement of its function are noted, although it is concluded that the formulation of such a statement is a continuing activity. A personal concept of the nursing function is based on the experience of a professional registered nurse. It is pointed out that the nurse who sees her primary function as direct service to the patient will find an immediate reward in the patient's progress toward independence through this service. The statement is made that no profession, occupation, or industry can evaluate adequately or improve its practice without research. The implications of the function of nursing for education are addressed in relation to the organizational structure of a school, student selection, choice of clinical faculty, facilities and resources, curriculum content and design, and methods of teaching. A list of references and a tabulation of library tools for nursing is provided.

Highriter M. E
The Status of Community Health Nursing Research.
Pub. in Nursing Research v26 n3 p183-192 May-Jun 77.

Community health nursing research studies and methodology articles published in English in journals during the years 1972-1976 are reviewed. The subjects studied, the investigators, and the methodology employed are discussed with recommendations for improved research methodology and utilization. (Author Abstract)

Hodkinson J. M
Nursing in Finland.
Pub. in Queens Nursing Jnl. v19 n4 p100-102 Jul 76.

Hornby A
24-Hour Community Nursing--A Pilot Scheme in the Lancaster Area.
Pub. in Nursing Times v72 n11 p428-429 18 Mar 76.

Igoe Judith Bellaire
Colorado Univ., Denver. School of Nursing.
School Nurse Practitioner.
Pub. in Nursing Outlook v23 n6 p381-384 Jun 75.

The role and functions of the school nurse practitioner (SNP) are defined based on letters, conversations, and reports from

more than 60 graduates of the school nurse practitioner program at the University of Colorado School of Nursing. Studies have shown that the SNP's daily procedure differs from that of conventional school nurses. Routine examinations of well children identified as nonusers of traditional health facilities are handled on an appointment basis; the evaluation is similar to that performed by a private physician. All SNPs collaborate closely with local physicians and, once a health care plan has been determined for a given child, the SNP carries out the health plan in consultation with the physician providing medical backup. The SNP's evaluation is also designed to provide information about the student's psychosocial health status. Three general patterns of SNP practice have been identified: (1) assumption of responsibility for the total school health program; (2) visiting a number of schools to evaluate only those children in need of a comprehensive health appraisal; and (3) assignment to a diagnostic screening clinic operated by the school district. It is suggested that the SNP provides health care to the segment of the school-aged population that is deprived of such care from traditional sources because of ignorance, reluctance, parental apathy, or lack of available health care facilities.

Illing M
Report on Education and Training of District Nurses (letter).
Pub. in Queens Nursing Jnl. v19 n13 p371-372 Apr 77.

Jarvis P
District Nurse Examiners--How Do They Score.
Pub. in Nursing Times v74 n10 supplement 68-69 9 Mar 78.

Johnson Walter L
American Nurses' Foundation, New York.
Content and Dynamics of Home Visits of Public Health Nurses. Part II.
134p 1969 Available from American Nurses' Association, 2420 Pershing Rd., Kansas City, MO 64108.

Additional analysis of data on the verbal content of nurse - patient contact during home visits by public health nurses is presented in the second volume of a two-part report on the subject. The field study in which the data were gathered involved observations of a random sampling of 178 public health nurses in New York, New Jersey, Tennessee, Kentucky, and Indiana. A total of 287 home visits were recorded, and initial analytic findings were documented in Part I of the report. In Part II, the degree of verbal involvement between nurses and patients is re-examined in light of certain theoretical developments. An underlying behavioral

uniformity in verbal involvement that stems from pre-existing orientations of the professional - client relationship as a general class is identified. Variations around the general orientation of the professional - patient relationship stemmed from relatively specific purposes that were dictated by the medical problem at hand. When purposes for visiting were similar, there were still variations in the role behavior of participants. Such characteristics as race and economic independence of the family are possible variables which influenced role expectancies. Following an indepth analysis of visit topics, individual case studies are presented which are illustrative of public health nurse contact with cardiac and postpartum patients. Contrasts in relative involvement of households in the visit, household problems and levels of participation, focus of topics, and nurse involvement and conversational content are drawn between paired visits with similar purposes. Conclusions are drawn with regard to background and situational variables. Implications of the findings for public health nursing are discussed. Supporting data are included.

Johnson Walter L, Hardin Clara A
American Nurses' Foundation, New York.
Content and Dynamics of Home Visits of Public Health Nurses. Part I.
146p 1962 Available from American Nurses' Association, 2420 Pershing Rd., Kansas City, MO 64108.

A study undertaken to explore the nature of public nurse-patient contact during home visits is documented. A census was taken of public health nurses in New York City, Long Island, and Westchester County, New York, 9 counties in New Jersey, and approximately 38 counties in the western portions of Tennessee and Kentucky, and in Indiana. A total of 178 nurses, chosen at random from the census list, were observed for a full day. Emphasis was placed on recording the verbal behavior of the nurses and patients in face-to-face contact. Part I of the research report presents data from questionnaires completed by nurses. Observations are made concerning the nurses' sociocultural characteristics, geographic mobility, income from nursing and household maintenance, marital and parental status, the attractions of nursing and professional commitment, and professional aspirations. The verbal content of home visits is analyzed by topic, type of visit, and diagnosis. Subject matter in the 287 home visits recorded tended to be concretely anchored in topics pertaining to household members and to the household environment. The degree of verbal involvement of home visit participants is analyzed, and differences in verbal involvement are related to situational variables and background factors. The analysis suggests a need for flexibility as nurses contact diversely constituted

families and households. The findings imply that uniform rules prescribing how nurses are to behave in all households cannot be effective. The need for further study of existing data and for refinements and extensions of studies of verbal behavior is pointed out. Appended materials include a copy of the questionnaire used in the background and opinion survey; sample patient and procedure cards; instructions for classifying subject matter in nurse - patient contacts and for scoring individual participants; and content analysis forms. Supporting data and references are included.

Johnsson I
How to Improve the Utilization of Nurses and Allied Health Support Personnel: The Swedish Model.
Pub. in Proceedings of the International Conference on Women in Health. Washington, DHEW, 1976, p57-64.

Keith Pat M
Iowa State Univ. of Science and Technology, Ames. Dept. of Sociology and Anthropology.
Preliminary Investigation of the Role of the Public Health Nurse in Evaluation of Services for the Aged.
Pub. in American Jnl. of Public Health v66 n4 p379-381 Apr 76.

The participation of community health nurses in specifying services needed by the elderly in a midwestern community is described. Four community health nurses serving the community of 30,000 were asked to assess needs for further services to elderly clients; the nurses and 124 randomly selected individuals over 65 evaluated needs for additional services in 23 health and social service categories. There was agreement between the two groups on 6 of the top 10 services most in need of additional resources: transportation, legal aid, visitation services, reassurance telephone calls, homemaker - health aid services, and meals delivered to the home. The nurses also ranked in the top 10: social and recreational centers, opportunities for further education and training, employment aids, and church relationships. The 4 services ranked in the top 10 by the elderly, but not concurred with by the nurses, were: help in finding housing, handyman services, services of a public health nurse, and information and referral services. The desire by the elderly for more services by community health or visiting nurses paralleled their other preferences which would lengthen the time in which they could function independently. It is concluded that the nurses' recommendations of programs with sociability may tend to emphasize services with social interaction more than client perception of the need for such services.

Knotts Glenn R
American School Association, Kent, Ohio.
Guidelines for the School Nurse in the School Health Program.
38p 1974 Available from ERIC Document Reproduction Service, P.O. Box 190, Arlington, VA 22210 as ED 098 167.

This nine-part booklet presents guidelines that suggest broad areas of responsibility within which the school nurse practitioner may identify functions and practices that are appropriate in achieving the objectives established by the school district. Part one states the beliefs regarding school health programs. Part two discusses program objectives and the factors influencing them. Part three presents personnel policies for nurses employed by boards of education. Part four presents seven guidelines regarding factors influencing staffing patterns. Part five discusses educational preparation for school nursing including graduate preparation and continuing education. Part six discusses the roles of the school nurse as health manager, deliverer of health services, advocate, health conselor, educator for health, and program evaluator. Part seven discusses evaluative criteria for school nursing and outlines management and/or behavioral objectives, activities, and assessment tasks established by the state and local health and education department for each of the roles of school nurse. Part eight provides guidelines for supervision in school nursing, and part nine outlines trends in school nursing. Guidelines for employment and preparation of school health assistants are appended, and a bibliography is included. (ERIC)

Lantry Thomas P, Harrington Michael B, Power Michael C, Frazier Sarah P, Scott M. Louise
Young (Arthur) and Co., Washington, D.C.
Methods for Determining and Projecting Needs and Demands for Long-Term Care and Home Health Services.
151p 17 Oct 75 Available NTIS HRP-0016861

This general guide describes nine methods for determining and projecting needs and demands for long-term care and home health services. It is one of a series of monographs which are to be technical assistance sources for health planners. It should be used as a reference tool since it identifies the key planning isues for these services and applies an analytical framework for choosing and using methods that determine the needs and demands for such services. Additional sources of technical information to supplement descriptions of the methods are also presented. Definitions of long-term care and home health services are provided. Both summary and detailed descriptions and analyses of the following planning methods are then presented: clinical appraisal of existing utilization method; combined regression

and bed survey method; family of bed need formula projection methods; transfer rate method; functional ability survey method; multiple regression analysis of sociodemographic data method; stochastic requirements method; computer simulation method; and clinical appraisal and standard estimate methods for home health services. Tables, charts, and mathematical formulas are used throughout to illustrate and clarify major points.

Lewis Charles E, Lorimer Ann, Lindeman Constance, Palmer Beverly B, Lewis Mary Ann
California Univ., Los Angeles.
Evaluation of the Impact of School Nurse Practitioners.
Pub. in Jnl. of School Health v44 n6 p331-335 Jun 74.

The impact of school nurse practitioners participation in a public school health intervention program is examined. In the summer of 1970, four nurses from the school system of a metropolitan community received eight weeks of training to prepare them to function as school nurse practitioners. The newly trained practitioners then began implementation of a project entitled Child Initiated Care in which an attempt was made to involve children in active decisionmaking roles with regard to their own health care. To test the effectiveness of such intervention, eight schools were chosen as experimental schools and seven were selected to serve as controls. Interviews with the schools' principals, with random samples of teachers and first, third, and sixth grade students, with the four school nurse practitioners serving in the experimental schools, and with seven school nurses serving the control schools provided input for an evaluation of the effectiveness of the experimental intervention program. The major findings of the evaluation are as follows: (1) teachers and principals expressed considerable enthusiasm for enlarging the scope and amount of school nursing services; (2) school nurse practitioners reflected their additional training by focusing on their increased ability to detect disease, but seemed sensitized to legal restrictions on treatment; (3) school nurse practitioners also exhibited significant perception of the importance of improving communications among teachers, families, and health care providers in the community; (4) no differences in attitudes and beliefs about health services were observed among children receiving experimental or control nursing services; and (5) although no attempt was made to document parents' attitudes or the actual yield from the nurse practitioners' physical examination and screening of students, anecdotal evidence suggests enthusiasm on the part of parents and an increased yield from screening. No tabular data or copies of survey instruments are provided.

Little Dolores
Washington Univ., Seattle. School of Nursing.
Nurse Specialist.
Pub. in American Jnl. of Nursing v67 n3 p552-556 Mar 67.

The nurse specialist is discussed in terms of educational preparation, capabilities, functions, relationships, and possibilities for better patient care. The increasing degree of specialization in the medical field is noted. It is pointed out that the concept of the nurse specialist is being implemented in many different ways, such as expert practitioner, coordinator, consultant, and researcher of clinical nursing problems. A 5-year study at the University of Michigan is cited in which nurse specialists were introduced on medical and surgical units in 1965. The role of the nurse specialist in public health is examined, as well as the significance of the nurse specialist in cardiovascular, renal, and rehabilitative nursing areas. The American Nurses' Association incorporates the concept of the nurse specialist in its recommended standards, functions, and qualifications. Duties of the nurse specialist are outlined. A study was done to evaluate nurse specialist care received by patients hospitalized with pulmonary tuberculosis in a 400-bed sanatorium. It was assumed in the study that the nurse specialist would focus upon the nursing care of patients rather than upon ward management. Four nurse specialists in staff nurse roles were placed at the institution for 6 months. Their nursing activities were compared with those of staff nurses on a 54-bed control unit. After the addition of two more nurse specialists and further study over a 2.5-year period, it was determined that nurse specialists communicated more with patients than staff nurses, planned and assessed care, and were more active in teaching ward staff members about patient care. They were less involved with nonnursing and technical features of patient care. An evaluation of the nurse specialists by physicians is presented.

Macdonald Mary E, Simmons Delanne A, McClure Margaret L
Massachusetts General Hospital, Boston.
Quality Assurance - A Joint Venture.
23p 1975 Available from National League for Nursing, Inc., Ten Columbus Circle, New York, N.Y. 10019.

Quality assurance in the nursing field is considered in a series of papers presented at an open forum sponsored by the National League for Nursing at their 1975 convention in New Orleans, Louisiana. Quality assurance in an institutional nursing service is examined. Priority is given to the following: (1) existence of a bona fide client / patient-centered nursing delivery system; (2) availability of inputs such as manpower, methods, materials, and machines

that determine both the quantity and quality of outputs; and (3) conceptual frame of reference that places the primary focus of a nursing service operation on nursing practice and its basic components (assessment, planning, implementation, and evaluation) and recognizes the delineation of criteria and standards of nursing practice as the collective responsibility of professional staff. The need for nurse practitioners is discussed, and a method is described for monitoring the quality of nursing care. Quality assurance in a home health agency is considered in terms of staff potential and a staff development program designed to meet the needs of staff and provide skills that will meet an agency's program objectives. Education and experience are noted as requirements in quality assurance programs. A bibliography is provided.

Martin E. M
Transition Without Trauma. The Community Nurse. Pub. in Lamp; New South Wales Nurses' Association v33 n8 p28-31 Aug 76.

McAtee Patricia A
Colorado Univ., Denver. Dept. of Pediatrics.
Nurse Practitioners in Our Public Schools: An Assessment of Their Expanded Role as Compared with School Nurses.
Pub. in Clinical Pediatrics v13 n4 p360-362 Apr 74.

The roles and functions of school nurse practitioners are compared with those of regular school nurses in the Denver, Colorado, public schools. Observations were made in 13 Denver elementary schools and two junior high schools, and data were compiled concerning the percentage of time devoted per day to each of the following functional categories of activities: patient contact, clerical tasks, performing tests, and procedures. It was found that the school nurse practitioners spent 52 percent of their total times with patients, while two groups of regular school nurses spent 24 and 30 percent of their time with patients. School nurse practitioners and regular school nurses made approximately the same number of contacts per day (16), but the school nurse practitioners saw an average of nine additional students daily for more extensive investigation of health and learning problems. School nurse practitioners spent less time (9 percent vs. 22 percent) with administrative and routine office activities than did regular nurses and doubled the amount of time spent in consultation with teachers and other school personnel. In addition, the school nurse practitioners had triple the number of daily contacts with parents of students and used these contacts to discuss emotional, physical, and learning problems of the students. It is concluded that specially prepared nurse practitioners

can increase the quality, availability, and accessibility of health care for school children.

Meggitt C
The Future of Community Nursing.
Pub. in Queens Nursing Jnl. v19 n15 p432, 434 Jun 77.

Mossey Jana, Nicholson Sally
North Carolina Univ., Chapel Hill. Health Services Research Center.
Non Physician Personnel in Ambulatory Child Health Care: A Review.
105p Mar 71 Available NTIS PB-198 620

Organization of services and types of personnel involved in giving child care have undergone many changes in recent years. Services rendered can no longer be described in terms of the hospital, the well child clinic and the doctor and the nurse. The review emphasizes trends in preparing and utilizing personnel for pediatric ambulatory care facilities. The material presented is a sample of existing patterns and proposed developments rather than a comprehensive presentation of all relevant programs. Two specific areas were explored: details of the care setting and the specifics of the function, supervision, and educational requirements of allied health workers. Child health care programs are moving toward comprehensive care in a location accessible to the patient and administratively answerable to community needs. Includes an annotated bibliography of 72 citations and 4 appendices. (HSRD abstract)

National League for Nursing. Division of Community Planning.
Community Planning for Nursing: A Selected Bibliography.
27p 1975 Available from National League for Nursing, 10 Columbus Circle, New York, NY 10019.

National League for Nursing, Inc., New York. Council of Home Health Agencies and Community Health Services.
Issue is Leadership.
118p 1975 Available as 21-1570 from National League for Nursing, Inc., Ten Columbus Circle, New York, N.Y. 10017.

Leadership in community health services was considered in a series of papers presented at the 1974 meeting of the Council of Home Health Agencies and Community Health Services. The papers were concerned with community health service agencies, challenges in agency management, the challenge of reviving home health care, government and health, home health legislation, program development in aging, social and

rehabilitation services, the Social Security Administration, the role of nurse practitioners in the delivery of community health services, the use of nurse practitioners in community health nursing, preparation of the primary care nurse, and the role of the clinical specialist in nursing. Also discussed was the accreditation program of the National League for Nursing, accreditation and certification in the American Speech and Hearing Association, homemaker - home health aides, trends in accreditation, the energy crisis in relation to the health field, the role of the public health nurse in hemodialysis, the organizational structure of the Home - Health Services of Northeastern Pennsylvania, and approaches to discharge planning that have been adopted by the Visiting Nurse Association in Milwaukee, Wisconsin.

National League for Nursing, Inc., New York. Council of Home Health Agencies and Community Health Services.
Accreditation of Home Health Agencies and Community Nursing Services. Policies and Procedures.
16p 1976 Available from National League for Nursing, Inc., Ten Columbus Circle, New York, NY 10019.

The purposes and processes of the accreditation program jointly administered by the National League for Nursing and the American Public Health Association for all personal health services rendered by community health agencies are documented. Accreditation is available through the program to organizations offering nursing and other services to people outside hospitals, extended care facilities, and nursing homes. The personal services covered by the program include nursing, nutrition, occupational therapy, physical therapy, speech, social work, and homemaker / home health aid services. The agency may be organized as a visiting nurse association, a unit of a health department, a combination of the two, or another type of community health care facility. The purposes of accreditation are outlined, as are the key principles of the accreditation process. The administration of the accreditation program is described, including the responsibilities of the cosponsoring organizations and of the program's committees on policies and procedures and on standards and review. Steps in the accreditation process are enumerated, and conditions of eligibility for applying for accreditation are noted. The actions that may be taken by the board of review in regard to an agency applying for accreditation are described, as are the appeal procedure and the use of accreditation reports.

National League for Nursing, Inc., New York. Council of Home Health Agencies and Community Health Services.
Planning, Providing, Financing Home and Community Health Services.
90p 1972 Available from National League for Nursing, Inc., Ten Columbus Circle, New York, N.Y. 10019.

Selected papers from three regional meetings sponsored in 1971 by the National League for Nursing Council of Home Health Agencies and Community Health Services are presented. The papers deal with community health services planning, providing effective services economically, health insurance coverage for community health services, and ways in which home health agencies are moving into the future. Agency participation in community health planning is discussed, and the development of a health planning council in West Palm Beach, Florida is recounted as one example of a community's achievements in health planning. Effective utilization of home health agency personnel, including a system for assigning appropriate nursing personnel according to the needs of individual cases, is discussed, and approaches to utilization review in two home health agencies are described. The concept of prepaid group practices is examined, and one agency's experience with a group practice is described. Program innovations outlined include: utilization of the family health nurse practitioner; telephone reporting from the field; use of records on a statewide basis; periodic review of patient progress; a central intake process; a system to assure continuity of patient care; public health nursing with group practice; occupational therapy in community health; the interagency care summary and plan report; and a project in which Visiting Nurse Association personnel make house calls at the request of a physician.

National League for Nursing, Inc., New York. Council of Home Health Agencies and Community Health Service.
Yearly Review - 1974. Some Statistics on Community Health Services.
45p 1975 Available from National League for Nursing, Inc., Ten Columbus Circle, New York, N.Y. 10019.

Information on policies, practices, and trends in community health services is presented. The data were compiled by the National League for Nursing from responses to a nationwide survey conducted in April 1974. The annual survey collects material on salaries, costs and charges for home visiting, and other aspects of community health services. In 1974, questionnaires were sent to a representative national sample of nearly 1,100 agencies, including official and nonofficial health agencies and boards of education of all sizes. The content of the questionnaire varied according to the type of agency queried. Areas in which information is provided, and

the number of agencies responding to questions in each area, are as follows: income and expenditures in voluntary community health agencies (316 voluntary agencies contacted, 234 responses received); cost and charge for home care-of-sick services (609 responses from local home and community health agencies); salaries in community health services (820 responses from city and county health units, visiting nurse associations, combination services, boards of education, and State health departments); employment and earnings of licensed practical nurses in public health work (655 responses from public health agencies); automobile transportation in community health services (responses from 610 local community health services); and salary ranges of staff nurses (based primarily on responses from agencies employing 50 or more registered nurses). Narrative summaries and tabular data are included. A copy of the survey instrument is not provided.

National League for Nursing, Inc., New York. Council of Hospital and Related Institutional Nursing Services.
Crisis in Nursing - Changing Roles.
30p 1973 Available from National League for Nursing, Inc., Ten Columbus Circle, New York, N.Y. 10017.

A collection of papers on the changing role of nursing is presented. The papers were presented at the National League for Nursing's Biennial Convention in May 1973. The changing role of nurses is discussed in relation to management, acute care facilities, community health nursing, and educational implications. It is noted that the function of management is to provide direction and leadership, and management pressures facing the operation of a nursing service organization are examined. Technical, human relations, and conceptual aspects of management are also considered. It is pointed out that the computer is used to perform some tasks within a nursing unit such as ordering supplies, scheduling personnel, scheduling procedures and tests, and providing test results. Computerized techniques also aid in personnel management, legal concerns, quality evaluation, training, patient education, and finance. The functions of clinical specialists, nurse practitioners, and nurse clinicians in acute care facilities are addressed in relation to specialization and changing roles. Three potential crises in community health nursing are identified: (1) the lack of a comprehensive care program; (2) the gap between knowledge and its application to consumers of health care programs; and (3) the fact that nurses often give nursing care by intuition and not health care by process. Educational implications associated with the changing role of nurses are discussed, and recommendations are made for the improvement of nursing education programs.

National League for Nursing, Inc., New york. Dept. of Home Health Agencies and Community Health Services.
Data on Home Health Agencies and Community Nursing Services. Findings from the Yearly Review, 1975 and 1976.
49p 1977 Available from National League for Nursing, Inc., Ten Columbus Circle, New York, NY 10019.

Data on the cost of home care services, salaries and personnel practices in community health agencies, and employment and earnings of nurses in community health agencies are presented and analyzed. The statistics are based on surveys of representative national samples of approximately 1,100 agencies conducted in 1975 and 1976. In 1976, responses were received from 576 local home and community health agencies. The overall median charge in 1976 for a nurse visit was $18.21, up 11.9 percent since 1975. The median charge for a physical therapy visit rose 5.5 percent to $17.80. The median hourly charge for home health aide service in April 1976 was $5.52, an 8.2 percent increase over the previous year. The percent increase from 1975 to 1976 in annual salary for nurse directors in nonofficial community health agencies was almost triple that in official agencies. The differential between supervisor and staff nurse salaries in 1976 was 25 percent in official community health agencies and 23 percent in nonofficial agencies. Salaries increased with community size for each position classification in all types of agencies. Data are also presented on the earnings of ancillary personnel; personnel practices (working hours, paid holidays, overtime compensation, weekend and holiday work, vacations, retirement plans, employee health programs) in community health agencies in 1975; employment and earnings of licensed practical nurses in community agencies in 1976; and salary ranges of staff nurses in selected community agencies in 1976.

National League for Nursing, New York. Dept. of Hospital and Related Institutional Nursing Services.
Providing a Climate for the Utilization of Nursing Personnel.
135p 1975 Available from the National League for Nursing, Inc., Ten Columbus Circle, New York, NY 10017.

A collection of papers on the utilization of nursing personnel was prepared for the Joint Program of the National League for Nursing and American Hospital Association held in New York City in November 1974. The papers are divided according to three categories: (1) climate for the utilization of nursing personnel; (2) climate to foster interpersonal relationships among health team members; and (3) impact of nursing personnel utilization and interpersonal relationships among health team members on recipients of health care. Consideration is given in the papers to the following specific topics: baccalaureate, diploma, and

associate degree graduates and practical nurses in the nursing process; nursing process in home health agencies and community health services; inpatient, ambulatory care, visiting nurse, nursing home, and home health care settings; coordination of patient services among health team members; and the effect of various climates in hospitals providing health care. An appendix explores forces that inhibit utilization of the nursing process.

New England Council on Higher Education for Nursing, Wellesley, Mass.
New England Council on Higher Education for Nursing: Papers Presented at the Annual Meeting.
43p 18 Oct 72 Available NTIS HRP-0011818

The focus of the meeting was on issues in nursing and nursing education and their implications for nursing programs in colleges and universities of the New England area. Trends in nursing practice and education at the national level are reviewed. Four panel discussions on the extended role of nurses in health care are presented. They concern the implications of the extended role of nurses for nursing education, the working role of pediatric nurse associates at a health center, the extended role of nurses in the mental health setting, and the expanded role of nurses in a community health plan. A list of meeting participants is included, and a description of the New England Board of Higher Education and the New England Council on Higher Education for Nursing is provided.

New England Council on Higher Education for Nursing, Wellesley, Mass.
Papers Presented at the Conference on Extended Roles for Nurses.
53p Apr 73 Available NTIS HRP-0011819

Nine presentations from the 1973 New England Council on Higher Education for Nurses (NECHEN) are published for faculty members to use as a basis for discussions about improving nursing education. The keynote speaker was Dr. Faye Abdellah, Chief Nurse Officer, Public Health Service, and Assistant Surgeon General, who spoke on 'nursing practice in emerging health care systems,' and gave an overview of selected health services delivery models. Examples of new types of manpower models being supported by the National Center for Health Services Research and Development and experimental health services delivery systems and subsystems are identified. A panel presented descriptions of three programs that prepare nurses for expanded roles: the pediatric nurse associate program at Northeastern University, the clinical specialist program at Yale University, and a new

program being developed at the University of Rhode Island. The reports of five special interest groups are provided: associate degree interest group, baccalaureate interest group, graduate interest group, continuing education interest group, and research interest group. A roster of conference participants is appended.

Nolan Mary Gill, Splane Verna Huffman, Eds.
Perspectives in Operating Room Nursing. Community Health Nursing in Canada.
Pub. in Nursing Clinics of North America v10 n4 p613-789 1975.

Nuttleman D. G
Development of the Role of Nurse Health Educator in a Private Ob/Gyn Medical Practice.
Pub. in Jnl. of Obstretric, Gynecological and Neonatal Nursing v5 n5 p49-52 Sep-Oct 76.

O'Brien Margaret, Manly Margery, Heagarty Margaret C
New York City Dept. of Health.
Expanding the Public Health Nurse's Role in Child Care.
Pub. in Nursing Outlook v23 n6 p369-373 Jun 75.

The New York City Health Department and Cornell University Medical Center have developed a 1-year program to prepare public health nurses to serve as pediatric nurse associates (PNA's) as a means of improving the city's child care program. Jointly planned and supervised, the program closely follows the guidelines established by the American Nurses' Association and the American Academy of Pediatrics for preparation of PNA's in an expanded role in clinics, private physician's offices, or independent practices. Candidates are selected by the university using the National League of Nursing (NLN) prebaccalaureate examination. The health department pays the nurse's full salary and a Federal grant covers the university's cost. The class of 15 students is divided into 4 groups, each of which has a medical center pediatrician preceptor. Three nursing instructors divide their time among the four groups. During the first 4 months each student works in a child health station seeing patients, eliciting histories, and performing physical exams. The preceptor then repeats each exam and verifies or corrects the findings. During the next 8 months the intern spends 3 days a week working with a health department physician, 1 day a week on case followup, and 1 day a week in classes and seminars. Pretest scores on the NLN test in nursing of children averaged 38.6; after 4 months the average was 82.55. The PNA gives total child care and parent counseling to preschool children, and the success of the program with this group has prompted the health department to expand the

program to the school health program.

Owen G. M
Curriculum Integration in Nursing Education: A Concept or a Way of Life. A Study of Six Courses Integrating Basic Nursing Education and Health Visiting in a Single Course.
Pub. in Jnl. of Advanced Nursing v2 n5 p443-460 Sep 77.

Paulsen F. Robert, Tate Barbara K
National League for Nursing, Inc., New York.
Community Planning for Nursing.
53p 1969 Available from National League for Nursing, Inc., Ten Columbus Circle, New York, N.Y. 10019.

Community planning guidelines for nursing are presented in a report prepared for the National League for Nursing. The dimensions of community planning for nursing include people, the community, philosophical goals and issues, resources, and skills of leadership. Nursing leadership is examined in relation to community health development. Procedures are outlined for the development of a community nursing program, and six areas are suggested as subjects that might be used in a clinic or workshop: mental health services, geriatric services, emergency medical and nursing services, rehabilitation nursing services, maternal and child care services, and community health planning. The challenge of change in community planning for nursing is examined in relation to acceptance and resistance. The results of a 1968 survey of community planning activities in the 50 States and Puerto Rico are presented.

Paynich Mary Louise, Madden Mary Jane, Bowns Beverly Henry, Mahin Margaret E
Medical Coll. of Virginia, Richmond. Dept. of Public Health Nursing.
Is There a Role for the Nurse Clinician in Public Health.
Pub. in Nursing Outlook v117 p32-36 Jul 69.

Four public health nurses present their views on the role, functions, and educational preparation of nurse clinicians in the public health field. Positions for clinical specialists in public health include team leader, supervisor, consultant, and staff nurse. It is felt that specialist and generalist nurses can complement each other in the public health setting, with the ideal educational preparation for nurse clinicians being a doctoral degree. The uniqueness of clinical specialist nursing is considered to evolve from the needs of patients in the home or community environment. Nurse clinicians or practitioners exercise nursing skills in direct patient care, either by nursing the patient directly

or indirectly through members of the nursing team. The need for more nurse clinicians in the public health field is emphasized in relation to the trend toward specialization in health care. The functions of a community health nurse specialist are identified as diagnosis and assessment. In the final article on nurse clinicians, a differing viewpoint is presented. It is felt that specialized assistance can best be given by a nurse with a baccalaureate degree, one who carries a generalized caseload and has enthusiasm for and knowledge in a clinical area, and one who can work as a peer and act as a consultant to other staff nurses.

Peterson L. D, Green J. H
Nurse-Managed Tuberculosis Clinic.
Pub. in American Jnl. of Nursing v77 n3 p433-435 Mar 77.

Preparing for Community Nursing: An Experimental Approach.
Pub. in International Nursing Review v25 n2 p51-52, 54 Mar-Apr 78.

Prince J
The Proposed New District Nurse Education and Training.
Pub. in Midwife, Health Visitor and Community Nurse v14 n1 p18-19 Jan 78.

Quartaro E. G, Hutchison R. R
Interdisciplinary Education for Community Health: The Case for Nursing and Social Work Collaboration.
Pub. in Social Work in Health Care v1 n3 p347-356 Spring 76.

A nurse educator and a social work educator developed an interdisciplinary team-taught course in community health for both social work and nursing students. This account of their experience details the implications of interdisciplinary education for the student learning process and includes theory and practice content, socialization, and transition, faculty development, and the larger university community. Although this particular instance is limited to undergraduate education, the authors emphasize the potential of interdisciplinary course work in all levels of nursing and social work education. (Modified Author Abstract)

Radford A. J
Some Thoughts on Community Health Services for the 1980's.
Pub. in Australasian Nurses Jnl. v7 n4 p10-16, 19, Nov 77.

Riley Matilda White, Johnson Marilyn E, Riley John W
Rutgers Univ., New Brunswick, N.J. Dept. of Sociology.
Aging and Society. Volume Two: Aging and the Professions.
410p 1969 Available from Russell Sage Foundation, 230 Park Ave., New York, NY 10017.

Results of recent social science research on persons in their middle and later years are interpreted for the professional and related fields concerned with the well-being of older people and with the prevention or treatment of problems associated with aging. The results of such research are summarized in Volume I of this series. A discussion of the broad context of aging in contemporary America provides background information for the subsequent chapters dealing with particular areas of interest. The various authors were asked to identify those findings from the first volume of highest relevance for their own profession and to interpret the implications of those findings both for practice and for policymaking. The professions covered include: social work, medicine, nursing, public health, architecture and planning, law, the ministry, and education. Additional chapters are concerned with the aging and manpower development, financial management, and mass communications. The chapters are written to deal with the problems and opportunities in each profession, not in isolation, but within the broad context of aging in contemporary society.

Roberts L. A
The Community Psychiatric Nurse.
Pub. in Nursing Times v72 n51 p2020-2021 23-30 Dec 76.

Robischon Paulette
National League for Nursing, Inc., New York. Council of Baccalaureate and Higher Degree Programs.
Community Nursing in A Changing Climate.
Pub. in Nursing Outlook v19 n6 p410-413 Jun 71.

Factors influencing changes in the practice of community nursing are discussed, and predictions are offered concerning future roles for community nurses. Two definitions of community nursing are cited, and it is emphasized that community health nursing is not limited to the care of persons outside the hospital. Nor does it merely encompass prevention, case-finding, continuity of care, total family care, and patient and family self-direction. One definition points out that community health nursing focuses on nursing the community as distinguished from nursing in the community. Opportunities for employment in community nursing have expanded steadily, reflecting the growth of school health services, programs for the sick in the home, and neighborhood multiservice centers. For every 100,000 persons in 1938,

there were 15 nurses in community health work, compared to 21 such nurses in 1968. The greatest gain in this period was in the number of nurses employed by boards of education. It is noted that, despite the steady gain of nurses prepared for and working in the community, manpower resources (as of June 1971) did not meet service demands. Agency structure is described as one factor influencing community nursing practice. At the time of writing, 36 percent of all local health agencies were one-nurse operations, and over 10 percent employed only part-time nurses. Over the 30 years prior to the 1970s, the number of nonofficial community health nursing agencies decreased 50 percent, reflecting reorganization and amalgamation of small agencies into more centralized administrative units. It is predicted that hospital-based community nursing services will grow, and that nurses will emphasize health as well as sickness as they care for patients and families in a variety of settings. Evidence of the expanding health team is cited, and ways in which new kinds of health personnel can be used in community health care are discussed. The need for outreach activities, health promotion activities, and innovative health teaching techniques is cited. It is concluded that awareness of existing deficiencies in community nursing does not ensure improvements but does suggest what community nursing practice should not be.

Robson N
Reflections on Nursing in Owambo.
Pub. in SA Nursing Jnl. v43 n3 p18 17 Mar 76.

Ross Shirley A
Regenstrief Inst. for Health Care, Indianapolis, Ind.
Clinical Nurse Practitioner in Ambulatory Care Service.
Pub. in Bulletin of the New York Academy of Medicine v49 n5 p393-402 May 73.

Health manpower and manpower utilization needs in the organization of ambulatory care services are addressed, with particular emphasis on the clinical nurse practitioner. Recommended strategies for improving the use of health manpower are noted. Two trends in nursing practice which influence manpower utilization are identified: (1) levels of nursing practice are becoming more diversified; and (2) reciprocal roles of nurses and physicians are going through changes. Changing patterns of nursing practice in the delivery of ambulatory care are examined. The experience of Indiana University in conducting a project to prepare registered nurses for greater responsibilities in the delivery of primary health care is reported. Functions of extended role nurses in ambulatory care settings are delineated. It is noted that the functions and activities of

nurse practitioners vary, contingent upon the nature of the practice setting, characteristics of the patients, and the amount of experience. Ambulatory care units in which nurse practitioners function are examined. These units include neighborhood health centers, student health units and school health programs, nursing homes, industrial health clinics, hospital outpatient departments, and public health clinics and other community nursing service agencies. The Family Nurse Practitioner Program at Indiana University is described as one of seven programs funded by the National Center for Health Services Research and Development. The objective of the program is to enable registered nurses to assume increased responsibilities in the delivery of primary health care through further education.

Rudd Jacob L, Margolin Rueben J
Veterans Administration Outpatient Clinic, Boston, Mass.
Maintenance Therapy for the Geriatric Patient.
295p 1968 Available from Charles C. Thomas, Publisher, 301-327 E. Lawrence Ave., Springfield, IL 62703.

The concept of maintenance therapy and its application in the prolonged treatment of geriatric patients are examined. Maintenance therapy encompasses therapeutic measures that retard deterioration in patients who are chronically ill either by slowing the process or by arresting it. Maintenance therapy, described as being intermediate between 'habilitation' and 'rehabilitation,' involves encouraging the patient, within his own limitations, to enjoy to the fullest whatever life has to offer at his current physical or mental level. The text opens with an introduction to the concept of maintenance therapy, including case studies demonstrating its application with elderly patients in nursing homes. The role of physical medicine and rehabilitation in maintenance therapy is discussed, as is physical fitness in maintenance therapy for geriatric patients. Social factors in maintenance therapy and longevity are examined, as are motivation and dependency factors. Other chapters cover the nutritional management of geriatric patients, the psychiatric aspects of maintenance, maintenance therapy with diabetic patients and with arthritic patients, and maintenance therapy in vision and hearing for geriatric patients. Public health measures to maintain geriatric patients in the community, the significance of the Medicare program for maintaining the geriatric patient, the role of the volunteer in maintenance therapy, and the significance of continuing education for maintenance therapy are also discussed.

Russell M. A
Implementation of P.L. 94-63: An Agency Perspective.
Pub. in NLN Publications; National League for Nursing (21-1699) p5-8 1977.

Sanderson Barbara
The Changing Face of Health.
102p 1975 Heinz; Dandenong, Australia.

Sarata B. P, Jeppesen J. C
Job Design and Staff Satisfaction in Human Service Settings.
Pub. in American Jnl. of Community Psychology v5 n2 p229-236 Jun 77.

It was hypothesized that job design is systematically related to employee satisfaction. The job design variables included: variety, task-identity, feedback, autonomy, participation, learning, and information. Subjects were 137 professional and nonprofessional employees of 22 agencies providing services to children. Agencies included mental health facilities, visiting nurse associations, residential care settings, and foster placement and adoption agencies. The hypothesis was supported. The correlations between specific job design variables and work satisfaction were examined and detailed. (Modified Author Abstract)

Silver Henry K, Igoe Judith Bellaire, McAtee Patricia Rooney
Colorado Univ., Denver.
School Nurse Practitioner: Providing Improved Health Care to Children.
Pub. in Pediatrics v58 n4 p580-584 Oct 76.

Preparation of school nurse practitioners at the University of Colorado is described, and the ways such specially trained practitioners can improve health care for children are presented. The program at the University of Colorado begins with 4 months of formal educational experience, followed by 8 months of supervised practice in a school setting. Course content of this program is detailed and includes history taking and counseling (150 hours), physical diagnosis (36 hours of didactic and 50 hours of clinical sessions), neurological status (24 hours), common childhood problems (100 classroom hours), growth and development (32 hours), health education (26 hours), learning disabilities and behavior modification (60 hours), role development (32 hours), family dynamics, community resources and delivery of child health care services, and clinical application and experience in the school. The activities of school nurse practitioners are compared with the activities of regular school nurses, and it is stressed that while school nurses

spend most of their time with administrative and clerical duties, school nurse practitioners devote a much larger proportion of their time to the children. Because many school age children do not have a basic health care source, use of school nurse practitioners is one way of expanding and improving health care for these children. The relationship between school nurse practitioners and physicians is also discussed.

Silver Henry K
Colorado Univ., Denver. Dept. of Pediatrics.
New Health Professionals for Primary Ambulatory Care.
Pub. in Hospital Practice p91-98 Apr 74.

The University of Colorado's program for the training of pediatric nurse practitioners, child health associates, and school nurse practitioners to deliver ambulatory care is described. The aim of the program is to prepare these new categories of health manpower to contribute to more and better care for children, and to use their training and capabilities to free pediatricians and other physicians to function maximally. In the 4-month Colorado program, graduate nurses are trained to work in a variety of clinical settings. Each nurse rotates through various wards, clinics, and nurseries. She learns interviewing techniques appropriate for her expanded role, and becomes competent in assessing a child's health status. The nurse participates in the evaluation and management of healthy and sick children and acquires the ability to evaluate defects and impairments, learns to obtain laboratory specimens, and learns to assist in the management of emergency situations. The use of the nurse practitioner enables the pediatrician to act as a consultant to his own patients. The child health associate program provides a variety of clinical experiences in a number of settings where associates learn to diagnose and manage physical, emotional, and psychologic disorders. They also learn to provide preventive care and health education. The child health associate must complete 2 years of college study before entering the 3-year program. The third year of the program is an internship in urban or rural ambulatory care settings. The 4-month school nurse practitioner program concentrates on providing health care within the framework of existing community services.

Smith E. S
Nursing in Rural Papua New Guinea.
Pub. in Nursing Times v73 n6 p210-211 10 Feb 77.

Stobo Elizabeth C
Columbia Univ., New York. Teachers Coll.
Trends in the Preparation and Qualifications of the School Nurse.
Pub. in American Jnl. of Public Health v59 n4 p669-672 Apr 69.

Trends in graduate level education for professional nurses who work in schools are reviewed. The statement is made that nurses who work in schools need preparation beyond that required for general professional nursing. The increased emphasis on neurological and psychological problems of schoolchildren is noted. Efforts to determine the relationship between cognitive abilities and neurological findings are examined. Medical findings for children with learning disorders, with and without emotional components, are considered. Since the clients of school health nurses are children, it is believed to be essential that nurses working in the school environment have a good understanding of normal growth and development. School nurses also need to be aware of clinical deviations in health, particularly those affecting the learning situation. Under the Elementary and Secondary Education Act, nurses who have little more than the minimum preparation required for practice as registered nurses have been employed to work in educational systems ordinarily requiring the minimum of a baccalaureate degree for professional staff members. In an increasing number of schools, a master's degree is becoming the preferred degree for teaching and allied staff members. A trend is noted toward education on the graduate level for professional nurses who work in schools. Such educational preparation includes a common core of learning from maternal and child health, mental health, and public health nursing.

Tarlow J
The Development and Progress of Community Health Nursing in Alabama.
Pub. in Alabama Nurse v34 n1 p12-13 Sep 77.

Thornberry Helen
Rhode Island Health Services Research, Inc., Providence.
Community Health Care System Study, Rhode Island. Volume II. A Survey of Nurse Practitioners in Rhode Island, 1972-73.
49p Nov 73 Available NTIS PB-247 239/7

Contents: Assessment of training; Changes in activities as a result of training; Acceptance by patients and other staff; Job satisfaction; Views on future programs and related issues; Discussion and committee recommendations; Membership of the Nurse Practitioner Committee; Description of training programs attended by respondents. (NTIS)

Thornton N. F
Nursing in Nepal.
Pub. in Nursing Mirror and Midwives Jnl. v145 n7 p31 18 Aug 77.

Tinkham Catherine W, Voorhies Eleanor F
Boston Univ. Mass. School of Nursing.
Community Health Nursing -- Evolution and Process.
299p 1977 Available from Appleton-Century-Crofts, 292 Madison Avenue, New York, NY 10017.

With a new emphasis on community health, community health nursing can no longer take the position of having sole responsibility for nursing outside of the hospital but must work with other specialties within nursing, and with other medical disciplines. This volume examines the past history and present development of community nursing in the United States. Part One covers the history divided into four chapters: 1865 to 1900, 1900 to the New Deal, the New Deal through the mid-1970's and the contemporary scene. The second part, 'Community Health Nursing Process', focuses on present day issues in 10 chapters including, 'Family as Patient', (data collection, identification of family needs, and family nursing care plans), and 'The Community as Patient'. The final chapter projects the role of the community health nurse into the future. The appendixes provide sample family data collection forms and community nursing survey guides.

Trail Ira D
Massachusetts Univ. - Amherst. Div. of Nursing.
Primary Care: An Expanded Role for the Occupational Health Nurse.
Pub. in Occupational Health Nursing v24 n6 p7-10 Jun 76.

The use of primary care nurse practitioners is considered to be one way of offering health services to industry employees in a cost-effective manner. Programs for the education of nurse practitioners are noted that include communication skills, patient and family counseling, community health delivery systems, health care financing, public health nursing, developmental tasks, health programs, disease management and prevention, sociological aspects of illness, and advanced pathophysiology and pharmacology. Functions of a primary care occupational nurse practitioner include acting as an advocate when needed, sustaining patients during diagnosis and treatment, obtaining comprehensive health histories, teaching and counseling employees and families about physical and mental health, and evaluating the nursing process. Research reports on the role of nurse practitioners are reviewed, as well as trends in the delivery of health

services. Such trends include population density, increases in the elderly population, and the establishment of priorities based on a lack of basic resources. The significance of politics to the expanded role of occupational health nurse practitioners is assessed. It is concluded that occupational health nurses serve best in the primary care environment, rather than in secondary or tertiary care settings.

Turnbull Lily M, Pizurki Helena
World Health Organization, Geneva (Switzerland). Div. of Health Manpower Development.
Family Planning in the Education of Nurses and Midwives.
50p 1973 Available from Q Corporation, 49 Sheridan Ave., Albany, NY 12210.

The functions, education, and training of nurses and midwives are discussed in light of the team approach to family health services. Family planning is defined as practices that help individuals or couples to avoid unwanted births, to bring about wanted births, to regulate the intervals between pregnancies, to control the time at which births occur in relation to the ages of the parents, and to determine the number of children in the family. Five functional areas are discussed: (1) general nursing or midwifery practice; (2) clinical specialization; (3) administration and supervision; (4) education; and (5) research. It is felt that general practice constitutes the core of family planning services and that an effective system for the delivery of the nursing and midwifery component has not been established. Education and training are examined in terms of philosophy and objectives, the preparation of teaching personnel in their methods and subject, and material resources. It is concluded that, while students can be proficient in fulfilling the educational requirements related to family planning, they are sometimes unable to apply their skills and knowledge in the field because the curriculum content may contradict deeply rooted beliefs and customs. The contributors and reviewers are listed, and a bibliography is provided.

U.S. Division of Nursing.
Surveys of Public Health Nursing 1968-1972.
337p 1976 Available from Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402.

Wagner Doris L
Harvard Community Health Plan, Boston, Mass.
Issues in the Provision of Health Care for All.
Pub. in American Jnl. of Public Health v63 n6 p481-485 Jun 73.

The role of nurses in the development and operation of the Harvard Community Health Plan is described. The plan is a prepaid group practice providing complete personal health care services for over 30,000 individuals and families in the Boston, Massachusetts area. The goal of the plan is to provide a single level of care for all plan members, with special outreach for the poor and avoidance of segregation and separation. Nurses are considered important members of the plan's primary health team, and render much of the primary care to patients. Sixty-two nurses provide skilled care to patients and their families at two community health centers, in the home, and in hospitals or extended care facilities as necessary. A nursing advisory committee was organized early in the development of the plan to review and study the roles of nursing in the delivery system. Nurses perform a variety of services in the following areas: triage, internal medicine, obstetrics and gynecology, pediatrics, surgery, orthopedics, allergy, dermatology, and psychiatry. Problems encountered by the plan as it moved toward new patterns of care and use of personnel are identified. Among these is the clarification of the role of the nurse in relation to other members of the health care team in an ambulatory care setting. Organizational charts accompany the article.

Watkin B
The Great Trek.
Pub. in Nursing Mirror and Midwives Jnl. v146 n12 p11 23 Mar 78.

Watts D. E
District Nurses in East Birmingham Health District: A Study of their Work.
Pub. in Nursing Times v72 n45 supplement 157-160 11 Nov 76.

Wolff E. M
Teaching Research in the Public Health Nursing Education Field.
Pub. in SA Nursing Jnl. v44 n4 p11 Apr 77.

World Health Organization, Geneva (Switzerland).
Planning and Programming for Nursing Services.
124p 1971 Available from Q Corporation, 49 Sheridan St., Albany, N.Y. 12210.

Guidelines are presented to assist nurses who wish to participate in the preparation of national health plans and to take responsibility for systematically planning the nursing services and personnel needed for the implementation of such plans. The guide is intended mainly for use by nurses in administrative positions at all levels in both health services and training establishments. Emphasis is placed on the planning process per se. Health planning principles, trends, and training requirements are discussed briefly. The following stages of the planning process are considered in detail: (1) preplanning, i.e., the establishment of the conditions for planning; (2) analysis of the existing situation; (3) determination of priorities and consideration of alternatives; (4) selection of a plan; (5) implementation; and (6) evaluation. For each stage, the part to be played specifically by nurses is brought out. Further information on planning is provided in the appendices, including discussion of specific planning techniques, such as the CENDES / PAHO planning method developed by the Center for Developmental Studies in collaboration with the Pan American Health Organization, the planning - programming - budgeting system, and planning methods used in the USSR. A glossary and a bibliography are included.

IV. COMMUNITY HEALTH NURSING PRACTICE

Abhivantanaporn E. A
Public Health Nursing Trends Abroad.
Pub. in Philippine Jnl. of Nursing v43 n1 p37-38 Jan-Mar 74.

Alameda County Health Care Services Agency, Oakland, Calif.
Planning for Public Health -- The Alameda County Plan for Public Health Services, 1977-78 -- Vol. II -- Appendix.
67p 1977 Available NTIS HRP-0025579

Materials developed by participants at workshop conferences sponsored by Alameda County, California, to address public health service planning are presented in this report appendix. Management, administrative, and supervisory personnel involved in public health service perceived and expressed the following needs: (1) to establish clearly defined goals and objectives and develop standards; (2) to delineate lines of responsibility, authority, and accountability; (3) to recognize and reward effective performance; (4) to institute a mechanism for realistic planning and priority setting; (5) to develop ongoing evaluation of all services and personnel; (6) to develop budgets that allow adequate staff, space, and materials; and (7) to improve logistical support from other staff and service units. Staff goals as perceived by public health service personnel were three-fold. Staff members looked forward to upgrading working relationships with supervisors and to improving interactions with each other. They wanted a regular and active role in the overall planning process. There was a staff need for ongoing opportunities for promotion and personal advancement through continuing inservice training and the ability to attend educational conferences. Public health service staff perceived client goals as the development of preventive self-help health education services, the elimination or reduction of preventable communicable diseases, the delivery of comprehensive health services, the development of communitywide programs, collaboration with other sectors of the health system, and the improvement of venereal disease services. Public health service objectives related to the needs of personnel at all levels, staff, and clients. Statistical data on health services and planning areas and on the characteristics of the Alameda County population are

provided. Legal requirements of public health service planning and delivery and public health nursing are addressed.

American Nurses' Association, Kansas City, Mo.
Standards: Community Health Nursing Practice.
5p 1974 Available from the American Nurses' Association, 2420 Pershing Rd., Kansas City, Missouri 64108, $1.00.

Standards for community health nursing practice are presented by the American Nurses' Association. Community health nursing is viewed as a synthesis of nursing practice and public health practice applied to promoting and preserving the health of populations. Standards focus on practice rather than on the practitioner, and are stated according to a systematic approach to nursing practice involving assessment, planning, implementation, and evaluation. Standards set forth are as follows: (1) collection of data about the health status of the consumer is systematic and continuous, and data are accessible, communicated and recorded; (2) nursing diagnoses are derived from health status data; (3) plans for nursing service include goals derived from nursing diagnoses; (4) plans for nursing service include priorities and nursing approaches or measures to achieve the goals derived from nursing diagnoses; (5) nursing actions provide for consumer participation in health promotion, maintenance, and restoration; (6) nursing actions assist consumers to maximize health potential; (7) the consumer's progress toward goal achievement is determined by the consumer and the nurse; and (8) nursing actions involve ongoing reassessment, reordering of priorities, new goal setting, and revision of the nursing plan. Each standard is accompanied by a summary of rationale and a listing of assessment factors.

Anderson P. G, Sherrard D. J, Hainer J. W
Hypertension Management by Community Nurses.
Pub. in Circulation v54 n2, supplement II-142, 1976.

Asbed R. A, Schipper M. T, Varga L. E, Marlow E. S. Jr
Preschool Roundup: Costly Rodeo or Primary Prevention.
Pub. in Health Education v8 n4 p17-19 Jul-Aug 77.

Ashley J. S
Community Care: Continuing or Alternative Care.
Pub. in Royal Society of Health Jnl. v97 n3 p127-129, 134, Jun 77.

Auckland A
Community Nursing Care Study: Mr. Hogg--Chairman.
Pub. in Nursing Times v73 n19 p703-704 12 May 77.

Baccalaureate Programs Accredited for Public Health Nursing Preparation 1978-9.
Pub. in NLN Publications; National League for Nursing (15-1313) p1-29 1978.

Baccalaureate Programs Accredited for Public Health Nursing Preparation, 1977-78.
Pub. in NLN Publications; National League for Nursing (15-1313) p1-29 1977.

Bactat J. L
Health Care Delivery: The Expanding Role of the Community Health Nurse.
Pub. in Philippine Jnl. of Nursing v44 n3 p166-172 Jul- Sep 75.

Basco Dolores
Evaluation of School Nursing Activities. A Pilot Project Using a Scoring System and Accepted Standards of School Nursing.
Pub. in Nursing Research v12 n4 Fall 1963.

A project was undertaken to evaluate specified school nursing activities within a generalized public health nursing program in terms of the degree of conformance with recommended standards and to ascertain the influence of certain factors on the accomplishment of these activities. Factors considered in measuring the level of accomplishment of school nursing activities were: (1) nurse / pupil ratio; (2) socioeconomic area of the school; (3) number of sessions held by school per day; (4) educational background of the nurse; (5) length of experience possessed by the nurse in school nursing; and (6) whether the nurse was employed for generalized public health nursing services or for service in schools only. Nurses participating in the project had served in Baltimore, Md., public elementary schools from the beginning of the 1959 - 1960 school year. Of the 71 nurses included in the project, 60 were responsible for generalized public health nursing services and 11 were responsible for services in schools only; 13 were educationally qualified as public health nurses. Although the 71 nurses served 88 schools, the specific activities of each nurse were studied in one school. A questionnaire was devised to elicit nurses' opinions about the degree of accomplishment for specific activities. A high level of achievement was observed, based

on accepted standards. Out of a possible maximum score of 100, the mean value of all questionnaire scores was 72.3. There was minimal statistical difference when questionnaires were compared on the basis of educational background or length of experience in school nursing. Supporting tabular data are provided.

Bergman R
Evaluation of Com nity Health Nursing.
Pub. in Australian Nurses' Jnl. v4 n8 p39-41 Mar 75.

Bogue D. A
Setting Priorities for Quality Control and Edits.
Pub. in NLN Publications; National League for Nursing (21-1637) p123-125 1976.

Bonkowsky Marilyn L, Field Frances W, Schoff Marie M, Tompkins Richard K
Dartmouth Medical School, Hanover, N.H. PROMIS Lab.
Problem-Oriented Health Care Record: A Manual of Instruction for Community Agencies.
121p 1973 Available from Dartmouth PROMIS Lab., Dartmouth Medical School, Hanover, N.H. 03755.

A manual designed to introduce community health care personnel, particularly those associated with home health agencies, to the use of the problem-oriented system is provided. The problem-oriented medical record is discussed in terms of organizing information around problems, not around persons or sources, preserving medical logic as well as medical data, and assessing the quality of patient care as reflected in the record. The record as it pertains to community agencies and extended care facilities and its use by professional providers other than nurses and by paraprofessionals, e.g., home health aides, are explained. The record form developed by the Home Health Agency and Extended Care Facility of Springfield, Vermont and the PROMIS (problem-oriented medical information systems) Laboratory of Dartmouth Medical School is delineated and illustrated for use. Referrals and reports are viewed as necessary for the communication between the physician and the home health agency. The provision of standardized flow sheets and protocols includes those for chronic obstructive pulmonary disease, diabetes mellitus, hypertension, antepartum, postpartum, indwelling urinary catheter care, and prolonged inactivity; a guide to parent education is also included. A method of auditing the Springfield PROMIS record is offered, and the Springfield PROMIS Child's Record is supplied in the appendix. A glossary and a bibliography are also provided.

Bowman Mary Ruth Davis
Nurses Can and Should Teach Health in the Classroom.
Pub. in Journal of School Health v47 n2 p118-119 Feb 77.

Improvement in health service delivery and health education was made in La Plata County, Colorado, by hiring seven health aides and a nurse-health coordinator to run a fifth-and tenth- grade health course involving physical exams, field trips, classroom instruction, and inservice training of teachers. (ERIC)

Brewer K
Three Nurses Strive to Make Health Planning a Reality: In Public Health Nursing--In Psychiatric/Mental Health Nursing. (Marie Reeves, Joan Kyes, Rosemary McKeighen).
Pub. in American Nurse v10 n4 p12-16 15 Apr 78.

Byrne Monica, Bennett F. J
Community Nursing in Developing Countries; A Manual for the Auxiliary Public Health Nurse.
208p 1973 Pub. by Oxford University Press, London.

Carroll S. J
District V Ward. A Comparison of Nurses in Both Environments.
Pub. in Nursing Mirror and Midwives Jnl. v146 n17 p41 27 Apr 78.

Ceglarek Joan E, Rife Joyce K
Oakland County Dept. of Health, Pontiac, Mich.
Developing a Public Health Nursing Audit.
Pub. in Jnl. of Nursing Administration v7 n10 p37-43 Dec 77.

An audit system was developed by the nursing division of the Oakland County, Michigan, Department of Health as a means of evaluating consistently the quality of public health nursing service. Prior to the auditing system, the department had no standardized quantitative or qualitative data for use in evaluation. Phaneuf's audit tool was used as a starting point in designing the system, by identifying differences in the type of nursing care delivered by public health nurses compared with that delivered by physician directed nursing. Objectives for the system were defined as: measure quality of nursing care; use audit as a teaching tool to plan nursing care; and use audit to determine weak areas of nursing care. The audit instrument developed included categorical observations on situational environments, total situation evaluation and plans for nursing action, nursing plan implementation, intra-agency and interagency services coordination, and recording format. During the audit

development, committee members communicated both formally and informally with the staff to help reduce the level of anxiety occurring because of the emphasis on accountability. Problems encountered during the first auditing period were vague definitions, orientation procedures, and audit committee membership. Three areas of difficulty inherent in the services being audited were diagnosis, goals, and plans, indicating the need for more lucid definitions of these terms and more extensive training of nursing staff before case assignment. The audit system is still being refined and improved, and results from its use are being used in other agency groups in the department for service accounting and comparison purposes.

Cohn Helen, Tingle Joyce E
Manual for Nurses in Family and Community Health, 2nd ed.
99p 1974 Pub. by Little, Brown, 200 West St., Waltham, MA 02154.

Community Health Administration: A Reader Consisting of Twenty-One Articles.
128p 1975 Pub. by Contemporary, 12 Lakeside Park, Wakefield, MA 01880.

Cunningham R
Participant Observation: A Research Technique in Public Health Nursing.
Pub. in Canadian Jnl. of Public Health v69 n2 p101-106 Mar-Apr 78.

Curran A. P
From Public Health to Community Medicine.
Pub. in Nigerian Medical Jnl. v6 n3 p241-247 1976.

Daniel Linda, Eigsti Diane G, McGuire Sandra L
Michigan Univ., Ann Arbor. School of Nursing.
Teaching Case load Management.
Pub. in Nursing Outlook v25 n1 p27-29 Jan 77.

A simulated exercise was developed to provide students in a family and community health nursing course with a realistic view of the community health nurse's responsibilities in patient management and team assignments. Students in the course spend two days per week in a community health agency in addition to their classroom work, and carry a small family caseload. However, these students acquire little clinical experience in applying caseload management theory, since they have small family caseloads, limited participation in the

inter/intra-agency practice setting, little experience in delegation of responsibility within the health team, minimal practice in setting priorities, almost no experience in community agency referral or usage, and little opportunity to observe and apply administrative policies within the health agency. To meet these needs, a 3-hour simulated exercise was developed to provide realistic training in caseload management. Preparatory readings are assigned and a lecture covering a variety of caseload management concepts is presented prior to the simulated exercise. The simulated caseload describes a group of 25 families with maternal and child health, communicable disease, mental health, health supervision, and direct nursing care needs. Students are also given a list of additional responsibilities that community health nurses might carry. Students are divided into groups of six and assigned various roles in the health care team. Their task is to develop a month's schedule that provides coverage for all the families as frequently as assessments indicate and for performance of the other specified tasks by some member of the team. The staffing, frequency of visits, and priority decisions are then discussed by sets of two groups each.

Dempsey A, Bonani A, McMahon R
A Team Approach to MIS Planning in Boston. A Team Approach in Planning a Management Information System.
Pub. in NLN Publications; National League for Nursing (21-1593) p37-51 1975.

Deniston O. L
A Model for Program Evaluation.
Pub. in NLN Publications; National League for Nursing (21-1643) p1-7 1976.

Dickie C
Community Health Nursing.
Pub. in New Zealand Nurses' Jnl. v69 n2 p12-14 Feb 76.

Drusin L. M, Marr J. S, Lambertsen E. C, Olstein B. T
The New York City Nurse-Epidemiology Program.
Pub. in Bulletin of the New York Academy of Medicine v53 n6 p569-585 Jul-Aug 77.

Duffy P
Trauma--Not Fatal: Another View on Community Nursing.
Pub. in Lamp; New South Wales Nurses' Association v33 n11 p11-13 Nov 76.

Eccles T
Community Nurses and the Computer.
Pub. in Queens Nursing Jnl. v19 n14 p391-392 May 77.

Epidemiology and Nursing.
Pub. in Bulletin of the Pan American Health Organization v10 n3 p258-265 1976.

Evans M. W
Background Notes for the Health Visitor Involved in School Health Education.
Pub. in Health Visitor v50 n1 p2-3 Jan 77.

Felstein I
Community Care in Deficiency Diseases.
Pub. in Midwife, Health Visitor and Community Nurse v12 n12 p395-396 Dec 76.

Ferguson Marion
Public Health Service, Washington, D.C. Div. of Nursing.
Public Health Nursing Service to Patients.
62p Apr 59 Available NTIS HRP-0018511

Data on public health nursing service and the factors that influence it were collected over a 2-year period from health departments and three combination agencies in five States (Maryland, Michigan, New York, North Carolina, Virginia). The study sample -- 2,984 persons in 1,263 households -- included patients admitted for nursing care in accordance with the policies of the agencies. The investigation began in February 1954. The study's focus was on the patient and the nursing care provided to him, rather than on the nurse and her activities. The factors considered were the public health nursing service given to a group of patients and the types, by volumes of situations and problems affecting the recovery or improvement of patients, which were encountered during the provision of service. The report covers the characteristics of the patients (including race, sex, age, education, occupation, socioeconomic class); source of referral; reason for discharge; time from referral to discharge; and lapsed time and reason for discharge. Also discussed are the patient - nurse contact (including distribution among patients, time per patient, place of service, responsibility for care continuity, use of telephone and letters, time per activity); the content of patient - nurse contacts, and services within diagnostic categories. Among the findings were that the amount and kind of nursing service received by the patients was directly related to the type of disease or condition present; that in

long-established health department programs the nurse's primary job was teaching, while in newer programs she was frequently required to provide actual nursing care; and that identification of emotional problems, management of minor ones, and referral of serious ones were a regular part of the nurse's job. The data are summarized in appended tables.

Fox C
The Work Value Case for Community Health Nurses.
Pub. in Australian Nurses' Jnl. v7 n4 p49-50 Oct 77.

Francis Gladys
Caring for the Elderly.
140p 1973 Available from William Heinemann Medical Books Ltd., 15 Queen St., London WI, England.

A handbook is presented to assist relatives, friends, and neighbors concerned with the health and well-being of an elderly person. The book progresses from the preventive aspects of caring for the elderly through the various stages of increasing frailty and growing dependence to total incapacity. Information on practical forms of help is included, as are details about public and voluntary services available to the elderly. It is pointed out that accepting responsibility for an elderly person does not imply that it is necessary to keep the person under observation at all times. An effort should be made to help the elderly person remain independent and self-supporting as long as possible. The book touches on the following subjects: the elderly in society; changes that accompany aging; health and nutrition; suitable housing for the elderly; helping the disabled to remain in their own homes; mental health; nursing at home; terminal illness and bereavement; pensions and allowances; food, health, and income; prevention of accidents; and sources of help. The chapter on sources of help offers a tabular summary of types of help (e.g., information on local services, housing, home health services), the agencies that usually provide such help, and how to go about locating the agencies. Closing chapters suggest aids useful in caring for handicapped persons of any age, and draw general conclusions about factors in caring for the elderly.

Freeman Ruth B
Johns Hopkins Univ., Baltimore, Md. Dept. of Public Health Administration.
Community Health Nursing Practice.
414p 1970 Available from W.B. Saunders Co., 218 W. Washington Square, Philadelphia, PA 19105.

The nature of community health nursing is explored in a text

which attempts to demonstrate the integral nature of community health nursing and its parent disciplines and to provide students and practitioners with a ready reference to community health aspects of nursing care of certain population subgroups. The book's opening chapter offers comments and data on a number of broad social and technical developments (e.g., the growth in the U.S. population and trends in the resources of the health system) and their implications for nursing. Subsequent chapters deal with the purpose and goals of community health nursing; the roles and functions of the community health nurse; the process of community health nursing, (i.e., relating, assessing, goal setting, implementing a program of action, and evaluating) community health nursing in the agency structure and in the community structure; and the functions of the community health nurse in family planning, in the occupational health setting, in the early discovery of disease and abnormality, and in disease control. Additional chapters focus on the family as the unit of service; the long-term patient at home; delegation of nursing care; the family history and progress record; vulnerable families; reduction of risk in childbearing and infancy; child development and illness; mental health and disorder; the implications of poverty for nursing; community diagnosis; development of the neighborhood nursing program; nursing in the school community; records and reports; and the nursing home. Lists of suggested readings are provided throughout.

Friend P
Nursing in Primary Health Care.
Pub. in Nursing Mirror and Midwives Jnl. v145 n2 p41-42 14 Jul 77.

Fromer Margot Joan
Community Health Care and the Nursing Process.
1979 Available from C. V. Mosby Co., 11830 Westline Industrial Dr., St. Louis, MO 63141.

Frost W
Community Nursing and the Physically Handicapped.
Pub. in Nursing Mirror and Midwives Jnl. v144 n9 p66-68 3 Mar 77.

Green D. E
Alcoholism and the Nurse.
Pub. in New Zealand Medical Jnl. v87 n610 p287-288 26 Apr 78.

Hannah K. J
Nursing and Computers in Community Health Care Settings.
Pub. in AARN Newsletter; Alberta Association of Registered Nurses v33 n12 p1-3 Dec 77.

Harnish Yvonne
Fulton County Nursing Service, Johnstown, N.Y.
Patient Care Guides. Practical Information for Public Health Nurses.
354p 1976 Available from National League for Nursing, Inc., Ten Columbus Circle, New York, N.Y. 10019.

Material on patient care techniques and resources is provided in a reference handbook designed to assist public health nurses in professional counseling and care planning of patients and families. General information on the disease entities for each of several major types of care -- pulmonary, cardiac, cancer, diabetes, rheumatic disease, neurological, handicapped child, orthopedic, maternal, family, and miscellaneous (e.g. patients with chronic peptic ulcers or alcoholism) care -- is accompanied by a review of relevant considerations and goals in primary, secondary, and tertiary prevention. The guides for each disease entity discuss the role of the public health nurse in terms of the features of the disease; observation, assessment, and counseling; the medical plan of care; modifications required for control of the disease; and discharge planning. The appendixes contain suggestions on nursing techniques, body alignment aids, safety precautions, respiratory aids, and mobility aids, as well as a bibliography. Line drawings and photographs are included.

Harris Michael, Solomon Kenneth
Capital District Psychiatric Center, Albany, N.Y.
Roles of the Community Mental Health Nurse.
Pub. in JPN and Mental Health Services v15 p35-39 1977.

Some of the roles that community mental health nurses find themselves involved in are considered. The role of generalist is defined by the baseline functioning and subroles of all team members. This generalist role is broken down into subroles of negotiator, planner, advocate, convener, consultant, educator, linking agent, coordinating agent, catalyst, information disseminator, conflict resolver, leader of small groups, advisor, and change agent. The role of specialist involves training for nurses that other members of the community mental health team do not have. Specialist nurses dispense medications and survey the general health status and nutritional status of their patients. The community health nurse is thrust into the specialist role of medical consultant by virtue of his or her background and the

paucity of psychiatrists involved with community teams. Community mental health nurses generally have a humanistic orientation, with their goals being to make clients more independent of a psychiatric facility and in their social functioning. Other specialty roles for the nurse in a community mental health team are those of coordinator, and teacher. Problems and role conflicts are evaluated.

Harrison J
Community Nursing Services.
Pub. in Nursing Times v73 n12 p415-417 24 Mar 77.

Hartie M
Community Nursing Care Study: A Social Outcast.
Pub. in Nursing Times v72 n36 p1392-1394 9 Sep 76.

Hassinger Edward Wesley, Grubb Charles E
Role of the Local Public Health Nurse. Rural Health Series, No. 22.
113p 1965 Pub. by Agricultural Experiment Station, Columbia, MO.

Hogan J
Planning for Evaluation in a Community Health Agency.
Pub. in NLN Publications; National League for Nursing (21 1643) p9-10 1976.

Holliday Jane
Public Health Nursing for the Sick at Home: A Descriptive Study.
238p 1967 Pub. by Visiting Nurse Service, New York, NY.

Home Health Agencies and Community Nursing Services Accredited by NLN/APHA; May 1977.
Pub. in NLN Publications; National League for Nursing (21-1645) p1-6 1977.

Hoyle A
Community Nursing Care Study: A Family Tragedy.
Pub. in Nursing Times v72 n43 p1669-1671 28 Oct 76.

Hunt R. J
Community Health Nursing Conference. Speech of Health.
Pub. in Australian Nurses' Jnl. v6 n4 p7-10 Oct 76.

Hymovich Debra P, Barnard Martha Underwood, Eds.
Family Health Care, 2nd ed. 2v. v.1: General Perspectives. v.2: Developmental and Situational Crises.
1979 Pub. by McGraw-Hill, New York, NY.

Illing M
Community Nursing. A Forum for Ideas.
Pub. in Nursing Mirror and Midwives Jnl. v144 n26 p46 30 Jun 77.

Incontinence: Nursing in the Community.
Pub. in Nursing Mirror and Midwives Jnl. v144 n15 pi-ix 14 Apr 77.

Jack E. S
The Role of the Public Health Nurse in Hemodialysis.
Pub. in NLN Publications; National League for Nursing (21-1570) p109-112 1975.

Jack M
A Home Night Nursing Service.
Pub. in Nursing Times v72 n38, supplement 140, 23 Sep 76.

James C
Deafness: Community Care.
Pub. in Nursing Mirror and Midwives Jnl. v143 n19 p57-59 4 Nov 76.

Johnson Olive G
California Univ., Los Angeles. School of Public Health.
Record and Report Systems Development for Local Health Departments. Part I. Public Health Nursing Administrative Statistics - Packaged Computer Programs. Part II. Environmental Health Administrative Statistics - Packaged Computer Programs.
270p 1970 Available NTIS PB-207 614

The study measures the need for records and reports in local health departments for patient service, for planning and evaluating programs, to appraise existing records and reports against stated needs and usage, and to design systems for recording and processing data; and develops a demonstration unit in a local health department which serves as model for health records and statistics. Procedures books detail methods of initiating, processing, and maintaining records and of collecting, tabulating, and preparing reports and statistical charts. (NTIS)

Johnson R
Community Health Activities Need Shared.
Pub. in Imprint; National Student Nurses' Association v25 n2 p28, 96, Apr 78.

Jones J. I
The Extended Role of the Nurse in the Community.
Pub. in SA Nursing Jnl. v43 n10 p18, 21, Oct 76.

Josten L
Out-of-Hospital Care for a Pervasive Problem--Child Abuse.
Pub. in American Jnl. of Maternal Child Nursing v3 n2 p111-116 Mar-Apr 78.

Kallins Ethel L
Textbook of Public Health Nursing.
480p 1967 Available from C. V. Mosby Company, 11830 Westline Industrial Dr., St. Louis, MO 63141.

Kasteler Josephine M
Utah Univ., Salt Lake City. Coll. of Medicine.
Community Nurse as a Resource in the Patient's Ability to Cope with Illness.
Pub. in International Nursing Review v24 n3 Issue 213 p88-92 May-Jun 77.

Community nurses must deal with a variety of social, psychological, and cultural factors in assisting patients, particularly those in lower income and minority groups, to utilize health services, comply with medical regimes, and generally cope with their impairments. Existing health services in America are so incongruent with the life styles of persons in lower socioeconomic groups that the delivery of health care to these persons will never be effective because the basic assumptions about what is needed to reach these people are false. The community nurse may be able to help people who are not managing their illness because they lack the necessary coping resources by acting as a counsellor in improving these other resources. Many of the resources lacking in a person unable to cope with his illness have to do with environmental factors, such as diet or sleeping facilities, which can best be improved by a person in authority, such as a community nurse, who has access to the patient's home life and who can establish a confidential relationship with him. The beliefs and attitudes of the patient and his family must also be taken into account. The community nurse can also organize group educational and mutual support settings to help patients cope with similar problems and recruit various specialists to provide relevant

guidance or information to these group sessions. On an individual basis, the community nurse can act as a resource person in crisis situations, provide family counseling, and secure the services of social workers, clergy, or other nurses to help with specific problems.

Katz Sidney, Ford Amasa B, Downs Thomas D, Adams Mary, Rusby Dorothy I
Case Western Reserve Univ., Cleveland, Ohio. School of Medicine.
Effects of Continued Care: A Study of Chronic Illness in the Home
178p Dec 72 Available NTIS PB-219 986/7

In 1959, the Commission on Chronic Illness, commissioned by the Public Health Service, defined care of the aged and disabled as one of our foremost national health problems and recommended the development of home nursing care as an alternative to institutionalization. The present report is the first published research evaluation of home nursing care -- its effectiveness in staying and alleviating disability, increasing patient satisfactions and beneficially altering psychological and social responses. It offers health care planners the data needed for patient assignment and the prediction of outcome. The research model was that of a double-blind study. The data were collected during the period 1969-71. (NTIS)

Kauffman M. C
Administrative Evaluation and Planning of Community Nursing Services.
Pub. in NLN Publications; National League for Nursing (21-1637) p41-44 1976.

Keener Mary Lou
Georgia State Univ., Atlanta. Dept. of Nursing.
Public Health Nurse in Mental Health Follow-Up Care.
Pub. in Nursing Research v24 n3 p198-201 May-Jun 75.

The role of the public health nurse in providing followup care to released psychiatric patients is investigated. The sample for the study was drawn from two county health departments in Georgia. County A public health nurses participated actively in community mental health, while County B nurses exhibited no active participation in the area as evidenced by home visits. The sample included all chronic, undifferentiated, schizophrenic psychiatric patients in County A who were receiving followup care in the home by the public health nurse. These patients were matched to a group of similar patients from County B according to

diagnosis, time released from the hospital, age, sex, race, education, income, and marital status. County B patients were not receiving followup care. Eight pairs of patients were interviewed and rated according to a psychiatric status schedule. Six pairs of patients were rated on a questionnaire by a significant member of the family in regard to the amount of burden they imposed on the family. The rate of patients readmitted to the hospital was also calculated for each sample group and compared. No statistically significant differences were found between groups in the readmission rate, functioning level in the family and the community, or burden on the family. The hypothesis that fewer psychiatric patients who receive followup care in the home by the public health nurse will be readmitted to the hospital than those who do not was supported by study results.

Keith P. M, Castles M. M
Fear and Rejection of Patients by Health Practitioners.
Pub. in Social Science and Medicine v9 n8-9 p501-505 Aug-Sep 75.

Keller Elizabeth True Seifert
The Continuing Education Needs of Community Health Nurses in Michigan and Factors Influencing These Needs as Perceived by These Nurses and their Supervisors.
Pub. in Volume 38/11-B of Disseration Abstracts International, University Microfilms International, 300 N. Zeeb Road, Ann Arbor, MI 48106 1978.

Keller V. L
A Guide for Community Health Agency Evaluation.
Pub. in NLN Publications; National League for Nursing (21-1643) p11-12 1976.

Kelly Mary E, Roessler Linda M
Tacoma - Pierce County Health Dept., Wash.
Development of Interdisciplinary Problem - Oriented Recording in a Public Health Nursing Agency.
Pub. in Jnl. of Nursing Administration v6 n10 p24-31 Dec 76.

A problem-oriented format designed to coordinate health delivery to clients and their families with appropriate professionals within the community is described. The Tacoma - Pierce County (Washington) Health Department has developed a problem-oriented internal audit system. Previously, the agency's recording system consisted of separate forms located in different sections of the patient's chart for each of the department's disciplines. Two forms were developed for all disciplines in the agency to use in compiling a data base,

problem list, and plan of care. When a patient is referred to the agency from a hospital or other community agency, a copy of this form is used as feedback. As nursing service progresses and more detailed information is needed, it is recorded in the body of the chart under the heading 'Opening Summary.' The professional who makes the first family contact is expected to complete the assessment sheet. This assessment serves as the basis from which the health professional, client, and family can identify problems and formulate the care plan. Problem-oriented recording helps the staff relate the plan of care directly to the patient's problems. Sample forms are included.

Keywood O
High Rise Problems.
Pub. in Nursing Mirror and Midwives Jnl. v146 n1 p39 5 Jan 77.

Keywood Olive
Nursing in the Community.
212p 1977 Pub. by Bailliere Tindall, London.

Leeser Ilse R, Carotenuto Rosine, Tuchalski Claire
Community Health Nursing.
208p 1975 Pub. by Medical Examination Publishing Co., Flushing, NY.

Lemon G. M
Information Needs in Public Health.
Pub. in NLN Publications; National League for Nursing (21-1593) p12-20 1975.

Lemon G. M
Edits and Controls in a Combined Agency.
Pub. in NLN Publications; National League for Nursing (21-1637) p131-135 1976.

Luther T
Expand Public Health Nursing Services in Iowa.
Pub. in Jnl. of the Iowa Medical Society v67 n2 p44-45, 58, Feb 77.

Matthis E
The Problem-Oriented System in Public Health Nursing.
Pub. in NLN Publications; National League for Nursing (20-1546) p48-53 1974.

Mayshark Cyrus, et al.
Administration of School Health Programs. Its Theory and Practice, 2nd ed.
509p 1977 Available from C. V. Mosby Company, 11830 Westline Industrial Dr., St. Louis, MO 63141.

Aspects of administrative theory pertinent to school health programs are described in this textbook. New roles, not only for the admministrator but also for other school personnel, are discussed. The book also presents how teams are being utilized, sometimes of public health and school health personnel working together. A strong appeal is made to update school health programs. The subject is divided into five major categories: 1) social values of education for health; 2) defining school health administration and its components; 3) the ecology of school health programs; 4) tooling up for better management of school health programs; and 5) a prospectus for school health program improvement. (ERIC)

McDonagh V. P
Immunization Procedures.
Pub. in Community Health v9 n1 p41-43 Aug 77.

McEwen A. P
Community Health Services: A Return to the Neighborhood.
Pub. in RNAO News; Registered Nurses' Association of Ontario p19-20, 27, Jan-Feb 77.

McVey P. A
Testing in the Development and Implementation of a Management Information System. Planning the MIS: Determining Objectives and Methods.
Pub. in NLN Publications; National League for Nursing (21-1593) p23-25 1975.

Milbank Memorial Fund, New York. Commission.
Higher Education for Public Health.
218p 1976 Available from Neale Watson Academic Pub., Inc., 156 Fifth Ave., New York, NY 10010.

The findings of a study focusing on the question of how the leadership of U.S. public health services and programs can best be trained are presented in a report which assesses university programs in public health and offers recommendations which will help these institutions to make effective contributions to the field. The discussion opens with a definition of public health which is followed by a summary of the major U.S. health problems and a review of the

activities that have evolved to prevent and treat disease and to protect health. In all these activities-- which can be classified under personal medical care, environmental controls, and health promotion or education-- public health organizations and manpower have significant roles. The discussion then turns to the structure and development of public health organizations; the types of personnel that work in the field and projections in selected manpower categories; and the basic knowledge and technologies available. Attention is given to the evolution of the knowledge base and its present status. The various current efforts in higher education for public health are then examined, along with the functions of schools of public health, graduate schools, and baccalaureate programs. Emphasis is given to the idea that there needs to be a major redirection and reorganization of public health education. Detailed information and recommendations are offered concerning the improvement of programs in schools of public health and graduate schools; special responsibilities and problems (e.g., minorities and women, continuing education, research, and financing) related professional schools (e.g., medicine, and dentistry), and other professional schools (e.g., law and social work). References, a list of the recommendations which appear in the text, and comments on the report are appended.

Miles J
Community Health Nursing.
Pub. in SA Nursing Jnl. v63 n8 p7-9 Aug 76.

Miller M. H, Albers L. L
The Role of the Local Health Officer--Why Not A Nurse.
Pub. in Southern Medical Jnl. v68 n5 p534-537 May 75.

Examination of the role of the public health officer indicates that registered nurses with a master's degree in public health have, in many cases, more training and experience than physicians to function effectively in this role. It is suggested that, given the current physician shortage, the changes in scope of public health practices, and the use of other professionals capable of fulfilling the role, the selection of physicians as local health officers should be viewed as only one of several alternatives. (Author Abstract)

Mumby D. M, Bass M. J, Bentsen B. G, Brown B, Mellor R, Pyper E, Spano L
Nurses and Primary Health Care.
Pub. in Canadian Jnl. of Public Health v69 n3 p200-203 May-Jun 78.

Mungovan R
Home from Hospital.
Pub. in Nursing Times v73 n17 p620-621 28 Apr 77.

National League for Nursing.
Nursing Activities in Public Health Agencies Based on Data for the Year 1964.
20p 1966 Pub. by National League for Nursing, 10 Columbus Circle, New York NY 10019.

National League for Nursing, Inc., New York.
Accreditation of Home Health Agencies and Community Nursing Services -- Criteria and Guide for Preparing Reports.
43p 1976 Available from National League for Nursing, 10 Columbus Circle, New York, NY 10019.

The purpose of this manual is to assist home health agencies and community nursing services in the preparation of self-study reports. A replacement for the 1972 edition, the guide is to be used when applying for accreditation by the National League for Nursing and the American Public Health Association. The self-study reports, along with site visit reports by visitor teams, are then used as the basis for accreditation decisions. The guide consists of two parts: (1) criteria and substantiating evidence and (2) a guide for preparing the reports. The areas covered under criteria and substantiating evidence include organization and administration, program, staff, and future plans. In each case, a criterion (e.g., that the agency is legally authorized and has a governing body responsible for its operation) is followed by a list of the evidence to be included (e.g., a statement of legal authorization to operate a list of the overall responsiblities of the governing body, and the way these responsibilities are to be fulfilled). The guide to report preparation covers organization of the report and the materials to be submitted. Definitions of terms and copies of the necessary forms (application for initial accreditation, letter of intent, identifying information, summary of positions) are appended.

National League for Nursing, Inc., New York. Dept. of Baccalaureate and Higher Degree Programs.
Baccalaureate Programs Accredited for Public Health Nursing Preparation, 1976 - 1977.
21p 1976 Available from National League for Nursing, Inc., Ten Columbus Circle, New York, NY 10019.

A listing of 1976 - 1977 baccalaureate programs accredited for public health nursing education is provided. For each program, the following information is given: name and

location of educational institution, type of program, and date of initial accreditation. It is pointed out that, as of 1964, all baccalaureate programs accredited by the National League for Nursing include preparation in public health nursing. The baccalaureate programs listed refer to baccalaureate education with a major in nursing, for students with no previous preparation in nursing and for graduates of diploma and associate degree nursing programs. Educational institutions formerly offering programs approved for public health nursing education are also included.

National League for Nursing, Inc., New York. Dept. of Home Health Agencies and Community Health Services.
Administrator's Handbook for the Structure, Operation, and Expansion of Home Health Agencies.
478p 1977 Available from National League for Nursing, Inc., Ten Columbus Circle, New York, NY 10019.

Information for board members, administrators, and other persons interested in the structure and operation of a home health agency is presented. The handbook offers a model for expansion of home health agency services which is discussed in terms of approaches to expansion of services, documentation of need for expansion, and steps for implementation of any such change. This material may be used in cases where the agency is extending its services into a new geographic area, as well as for expansion purposes. The manual also provides a technical assistance compendium which consists of a large number of documents representing actual examples of tools being used by agencies in their day-to-day operations. These documents pertain to organization and administration, programs, and staffing of a home health agency. A bibliography, problem-oriented forms and flowsheets, and brochures on home health care and the community health nurse are appended.

National League for Nursing, New York. Council of Home Health Agencies and Community Health Services.
Statistical Reporting in Home and Community Health Services.
55p 1977 Available from National League for Nursing, 10 Columbus Circle, New York, NY 10019.

Procedures for the collection and utilization of statistical data in home and community health services are detailed. Statistical information considered to be essential or desirable is related to five concerns of or needs for data: legal requirements, responsibility to patients, fiscal accountability, program planning and evaluation, and community planning. Basic types of data to be collected include data describing an individual at the point of admission to service, data describing services rendered once

an individual is admitted and during the period of care, and data describing an individual at the point of discharge from service. A basic data set for a community health agency is presented that illustrates the use of data obtained from case records in statistical reporting. Instructions for counting and classifying basic statistical data are given, and examples of source documents used in data collection are provided. Methods of tabulating and reporting statistical data are described. They include manual tabulation, semimechanical tabulation, and machine tabulation. Case studies involving the use of accumulated data are reported. An appendix contains a selected disease classification, a glossary, service report forms, and discharge summary forms.

Pan American Health Organization, Washington, D.C. Sanitary Bureau.
Report of the PAHO/WHO Committee on the Textbook Program for the Teaching of Community Health Nursing.
18p 1976 Available from Pan American Health Organization, Pan American Sanitary Bureau, Regional Office of the World Health Organization, 525 23rd St., NW, Washington, DC 20037.

In 1975, the Pan American Health Organization/World Health Organization Committee on the Textbook Program for the Teaching of Community Health Nursing met first, to examine the teaching of community health nursing in the context of health problems and trends toward a broadening of the nurse's functioning and second, to make recommendations relevant to the teaching. A third objective was to examine recent books in Spanish, Portuguese, and English in the field and to make recommendations concerning possible textbooks for student nurses. The Committee's report covers the problems of community health nursing in Latin America, the important concepts of community health nursing, and obstacles hindering the application of the concepts to the practice and teaching of community health nursing. The report also identifies trends in the delivery of health care and in health needs in Latin America and discusses their implications for community health nursing. The teaching of community health nursing is examined in terms of the existing situation and possible new approaches. Finally, the function and characteristics of a textbook and reference sources for community health nursing are touched on. A short list of references concludes the work.

Pendle A
Long-Term Relationships. The Work of the Community Staff Nurse.
Pub. in Nursing Times v73 n50 p1971-1972 15 Dec 77.

Peterson G
Problem Oriented Medical Records. Part 2: Bringing the 'SOAP' Revolution Home.
Pub. in Jnl. of Practical Nursing v27 n9 p32-35 Sep 77.

Price J. L, Johnson R
Integrated Client-Centering in Community Health Nursing.
Pub. in Health Visitor v49 n10 p320-324 Oct 76.

Primary Health Care Nursing Services in Inner City Areas.
Pub. in Nursing Mirror and Midwives Jnl. v145 n7 p38 18 Aug 77.

Rabinowitz M
A Public Health Nurse Liaison for Schools.
Pub. in New York State School Nurse Teachers Association v9 n3 p30-31 Spring 78.

Ranqnekar M. V
Nursing Practice in the Community.
Pub. in Nursing Jnl. of India v67 n9 p219-220 Sep 76.

Regan Patricia A
A Historical Study of the School Nurse Role.
Pub. in Jnl. of School Health v46 n9 p518-521 Nov 76.

The author investigates and defines the role that nurses have played in the origin and growth of American school nursing and, based upon this investigation, proposes a future role for nurses serving school health programs. (ERIC)

Reinhardt Adina M, Quinn Mildred D, Eds.
Family-Centered Community Nursing: A Sociocultural Framework.
304p 1973 Available from C. V. Mosby Company, 11830 Westline Industrial Dr., St. Louis, MO 63141.

Roberts L
Community Nursing Care Study: Marianne is Not Sick--Yet.
Pub. in Nursing Times v74 n4 p142-146 26 Jan 78.

Robinson W
Care of the Elderly in the Community.
Pub. in Nursing Mirror and Midwives Jnl. v144 n21 p6-9 26 May 77.

Robottom B. M
Integration of Theory and Practice.
Pub. in Nursing Mirror and Midwives Jnl. v145 n9 p36-38 1 Sep 77.

Rosenbaum P. D
Public Health Nurses in the Treatment of Alcohol Abusers.
Pub. in Canadian Jnl. of Public Health v68 n6 p503-508 Nov-Dec 77.

Saba Virginia K, Levine Eugene
Health Resources Administration, Hyattsville, Md. Div. of Nursing.
Management Information Systems for Public Health Nursing Services.
Pub. in Public Health Reports v93 n1 p79-83 Jan-Feb 78.

Management information systems are contributing significantly to public health nursing, a field which traditionally provided little systematic documentation of its services. Federal legislation since 1965 and the Medicare/Medicaid programs have provided the impetus for a more systematic collection of data. Four basic components, called 'modules', of management information services have been devised, encompassing (1) statistical information on patients and visits, (2) billing information, (3) patient assessment from diagnosis through treatment to postdischarge followup and (4) community health service evaluation, including cost-effectiveness, equity in distribution of services, and long- and short-term outcomes of services. The article also includes the results of a study of such systems operating in State and county health departments and descriptions of related projects, ranging from a patient progress methodology to a systematic program for nursing assessment. A 21-item bibliography is provided. The need for such systems is underscored, not only in programs like Medicare/Medicaid, but also by the possibility of national health insurance, which undoubtedly will mean additional demands for information.

Saba Virginia K
Yesterday, Today, and Tomorrow in Community Health Management Information.
Pub. in NLN Publications; National League for Nursing (21-1637) p61-69 1976.

Santos J. A
Community Mental Health Nursing.
Pub. in ANPHI Papers; Academy of Nursing of the Philippines v10 n1 p3-7 Jan-Mar 75.

Satralkar S. V
Role of Nursing in Rural Health Care.
Pub. in Nursing Jnl. of India v68 n11 p264 Nov 77.

Schlotfeldt R. M
What's New in Nursing Practice: North America.
Pub. in Australian Nurses' Jnl. v7 n2 p40-43, 54, Aug 77.

Schwartz Doris R
Cornell Univ. - New York Hospital School of Nursing.
Public Health Nursing's Responsibilities for the Care of the Aged.
Pub. in Bulletin of the New York Academy of Science v54 n6 p555-560 Jun 78.

Public health nurses should lead in improving geriatric care in the community, which encompasses preventive, curative, and maintenance services. They already deliver geriatric services to the home, the community, the 'substitute home' of the geriatric day center, and, increasingly, the nursing home. Sociologist Ethel Shanas categorizes health needs of the elderly in terms of ability to function, such as fully ambulatory, partially ambulatory, homebound, chairbound, and fully-dependent status. Older people are seldom well served by the present health system which is geared toward centralized care. They prefer, and fare better with, care emphasizing continuity, local services, preventive teaching, early detection of changes, and effective monitoring of chronic illness. Primary-practice nurses can play a key role in providing these services. Preventive programs for the elderly could include a wide range of areas of health teaching: safety, the various crises of aging, life tasks of the later stages of life, and ways of maintaining maximum physical health. Direct preventive, curative, and maintenance services represent an important alternative to full-time institutional care for the older, chronically ill, or disabled individual, who with appropriate help can live within his home and family. Public health nurses must understand healthy aging as different from illness superimposed on aging, and grief and grieving. They can promote clinics and communities for the elderly, assist nursing homes in planning appropriate activities, or collaborate with community screening schemes.

Simpson J. M
Community Services in Norway.
Pub. in Queens Nursing Jnl. v19 n3 p77-78 Jul 76.

Sjolin S, Sundelin C
Child Health Nurse as a Teacher in Social Pediatrics.
Pub. in Medical Education v12 n1 p79-80 1978.

Smith K
Community Nursing Care Study: Liaison in Community Care.
Pub. in Nursing Times v73 n16 p554-555 21 Apr 77.

Spradley Barbara Walton, Ed.
Contemporary Community Nursing.
467p 1975 Pub. by Little, Brown, 200 West St., Waltham, MA 02154.

Steel D
Nursing Care Study: Community Care.
Pub. in Nursing Mirror and Midwives Jnl. v143 n5 p49-50 29 Jul 76.

Stewart Dorothy M, Vincent Pauline A
Widener Coll., Chester, Pa.
Public Health Nursing. A Book of Readings.
516p 1968 Available from William C. Brown Co. Publishers, 2460 Kerper Blvd., Dubuque, IA 52001.

A series of readings on the application of scientific principles to public health nursing is presented. The readings are designed to aid students in undergraduate public health nursing courses and staff nurses in various types and sizes of public health nursing agencies. It is felt that the process of evaluating the needs of patients and determining optimum ways of meeting those needs depends on communication. In the first section of readings, emphasis is placed on how public health nurses can communicate with patients, with each other, and with other interested groups. In the second section of readings, specific examples illustrate how staff nurses can plan their work within different programs. Services in large and small public health agencies are described. School nursing and occupational health nursing are examined since public health nursing in the community must encompass all phases of activity. The following topics are addressed in detail in the first section of readings: planning public health nursing services; perspectives on the expanding responsibilities of public health nurses; priorities according to needs; communicating with patients; and records and referrals. In the second section the following aspects of public health nursing services are considered: maternal and child health services; communicable diseases; chronic diseases; community mental health; and special programs.

Survey of Workload of Public Health Nurses.
Pub. in World of Irish Nursing v5 n5 p4-5 May 76.

Talanqbayan M. V
Public Health Nursing Study Program Geared to the Health Needs of the Community and Learning Needs of the Students.
Pub. in ANPHI Papers, Academy of Nursing of the Philippines v9 n4 p7-22 Oct-Dec 74.

Thomson C
Staffing Structure--Part One.
Pub. in Queens Nursing Jnl. v18 n10 p270-272 Jan 76.

Thordarson L, Costanzo G. A
An Evaluation of the Effectiveness of an Educational Program for Expectant Parents.
Pub. in Canadian Jnl. of Public Health v67 n2 p117-121 Mar-Apr 76.

Topliss E. P
We're Here Because...
Pub. in Nursing Times v74 n15, supplement 107-108, 13 Apr 78.

Vincent P, Price J. R
Evaluation of a VNA Mental Health Project.
Pub. in Nursing Research v26 n5 p361-367 Sep-Oct 77.

Using a quasi-experimental design, discharged psychiatric patients referred to the Visiting Nurse Association of Cleveland during a nine-month period were randomly assigned to treatment or control groups. Patients were interviewed twice--after hospital discharge and six months later. Of the 110 patients who completed both interviews, which included a socially expected activities form, 62 were female, 63 nonwhite, 108 from the lowest two levels of socioeconomic status, and 74 schizophrenic. Six months postdischarge a 14% increase in employment was noted in the treatment group, who received nursing services, but no change was noted in the control group. Control group members (57%) were more likely to miss taking their prescribed medicines than were treatment group members (36%). Readmission occurred more frequently in the control (34%) than in the treatment group (28%). No difference was noted between the two groups on socially expected activities scores, possibly because: 1) the categories of the instrument may be too broad to discriminate between groups that are similar in their adjustmment, 2) six months may not be a long enough time interval, 3) many patients had characteristics identified as "unfavorable" in

reported studies, 4) an average of 2.3 visits a month by the nurses may not be adequate for the patients referred to this agency. (Author Abstract)

Volante Roberta Sloar, Winn Emma L.N
Mount Sinai Medical School, New York. Dept. of Community Medicine.
Humanizing the Teaching of Community Nursing.
Pub. in International Nursing Review v24 n2 p51-54 Mar-Apr 77.

Challenges to educators in community nursing are discussed, and a system of instruction designed to develop students' resources for intellectual independence while imparting basic knowledge and skills in community nursing is suggested. In community nursing, socially advantaged students often come face to face with social injustice for the first time, while minority students from disadvantaged backgrounds return to familiar settings hoping to implement change. In developing the intellectual habits needed by students to apply their knowledge of nursing, communication between the teacher and the student is critical. Teachers must demonstrate the close relationship between what is taught and what is practiced in community nursing. In the suggested system, students and faculty progress together through four phases: motive identification; therapeutic content; implementation; and assessment. During the motive identification phase, students take inventory of their concerns. Having identified their personal interests, students proceed to the therapeutic content phase, during which factual material is presented and discussed. During the implementation phase, students and faculty work together to design practice experiences in community nursing, and students discuss their experiences among themselves and with teachers. In the assessment phase, students meet with instructors on a daily basis to discuss their practice caseloads and to evaluate their progress toward mutually set goals.

Wagner D
Building Quality Nursing Service in Public Health.
Pub. in Michigan Nurse v49 n1 p13-14, 20, Jan 76.

Warner Anne R
Innovations in Community Health Nursing -- Health Care Delivery in Shortage Areas.
235p 1978 Available from the C. V. Mosby Company, 11830 Westline Industrial Drive, St. Louis, MO 63141.

This book is designed to offer the nursing student and the nurse in practice a look at the work of community health

nursing in shortage areas, i.e., those inner city and rural areas of the country where traditional health care services do not exist or where needed health care is inaccessible to most of the people. Intended as a supplement to basic textbooks in community health nursing, the book is an effort to bridge the gap between the ideal and the real. The articles written by 22 registered nurses demonstrate the expanded role of nurses in assessment, planning, and intervention. The nurse/contributors were asked to include a description of the program or practice situation in which they are involved, their backgrounds, and information on the people using the services. The 21 articles include: 'Developing Inner City Health Care Service', by Carol Hutton, 'Nurse-Midwifery in the Mississippi Delta', by Barbra G. Jackson, 'Developing a Private Group Practice in New York City', by M. F. Kohnke, J. A. Greenidge, and A. Zimmerern, 'Running a Satellite Clinic in a Maine Ski Area', by S. A. MacMahon, and 'Bringing Health Care to People by Mobile Unit', by Lilja A. Synder.

Wennlund D
The Use of Data in Administration of Public Health Agencies.
Pub. in NLN Publications; National League for Nursing (21-1637) p45-48 1976.

Werner Joanne R
Effective Community Health Nursing: A Framework for Actualizing Standards of Practice.
Pub. in Nursing Forum v15 n3 p265-276 1976.

The American Nurses' Association (ANA) Standards of Nursing Practice require that the nurse concentrate on involving patients and their families in planning to solve their health problems. The framework presented helps the community health nurse achieve this goal. The nurse is encouraged to analyze the behavior she observes in a home. Problems are always related to both current and past behavior. After having analyzed the collected data, the nurse is ready to state the specific problems to the family. An example is presented in which a mother has a feeding problem with her baby, and it is demonstrated how the nurse identified the problem and shared her observations with the mother. It is noted that a family will rarely deny being disturbed by a problem if its existence is documented for them by behavioral observation, and most families are relieved that someone is willing to work with them in finding solutions. The family should be encouraged to collect data themselves, and the nurse can provide a calendar chart to make recording of observations easier. After the family understands how certain behavior became entrenched in their lives, the nurse helps them plan new approaches. As the family's behavior undergoes the

desired change, resulting success in solving their own problem brings confidence. Suggestions for role playing and modeling techniques are discussed. Through using this framework, the nurse fulfills the ANA Standards of Practice and encourages a family's growth to continue long after her visits are over.

Whitaker M. S
A District Nurse Work Analysis: A Method of Measuring Work and Staff Levels.
Pub. in Nursing Times v73 n29, supplement 97-100, 21 Jul 77.

Wiedmer L
Suggestions for Nursing Care.
Pub. in Virginia Nurse Quarterly v45 n2 p36-37 Summer 1976.

Wightman F
Community Nursing Care Study: A Handicapped Child.
Pub. in Nursing Times v72 n50 p1966-1967 16 Dec 76.

Wilkes J. S, Nimmo A. W
An Analysis of Work Patterns in Community Nursing.
Pub. in Nursing Times v72 n5, supplement 17-18 concl, 5 Feb 76.

Wilkes J. S, Nimmo A. W
An Analysis of Work Patterns in Community Nursing.
Pub. in Nursing Times v72 n4, supplement 13-16 contd, 29 Jan 76.

Williams C. A
Community Health Nursing--What Is It.
Pub. in Nursing Outlook v25 n4 p250-254 Apr 77.

Workload of Public Health Nurses.
Pub. in World of Irish Nursing v4 n10 p3-5 Oct 75.

Wray J. G
Problem-Oriented Recording in Community Nursing--A New Experience in Education.
Pub. in Jnl. of Nursing Education v16 n9 p12-15 Nov 77.

Wright L. R
Community Health Nursing. Sorting Facts From Fallacies.
Pub. in Australian Nurses' Jnl. v7 n5 p38-40 Nov 77.

Wrigley P
Patient Care Study: Diabetes Mellitus.
Pub. in Queens Nursing Jnl. v19 n6 p172-173 Sep 76.

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